UNIVERSITY OF NORTH CAROLINA SCHOOL OF MEDICINE AND MEDICAL ALUMNI ASSOCIATION

The Bulletin

NOVEMBER 1967
VOLUME XV
NUMBER 1

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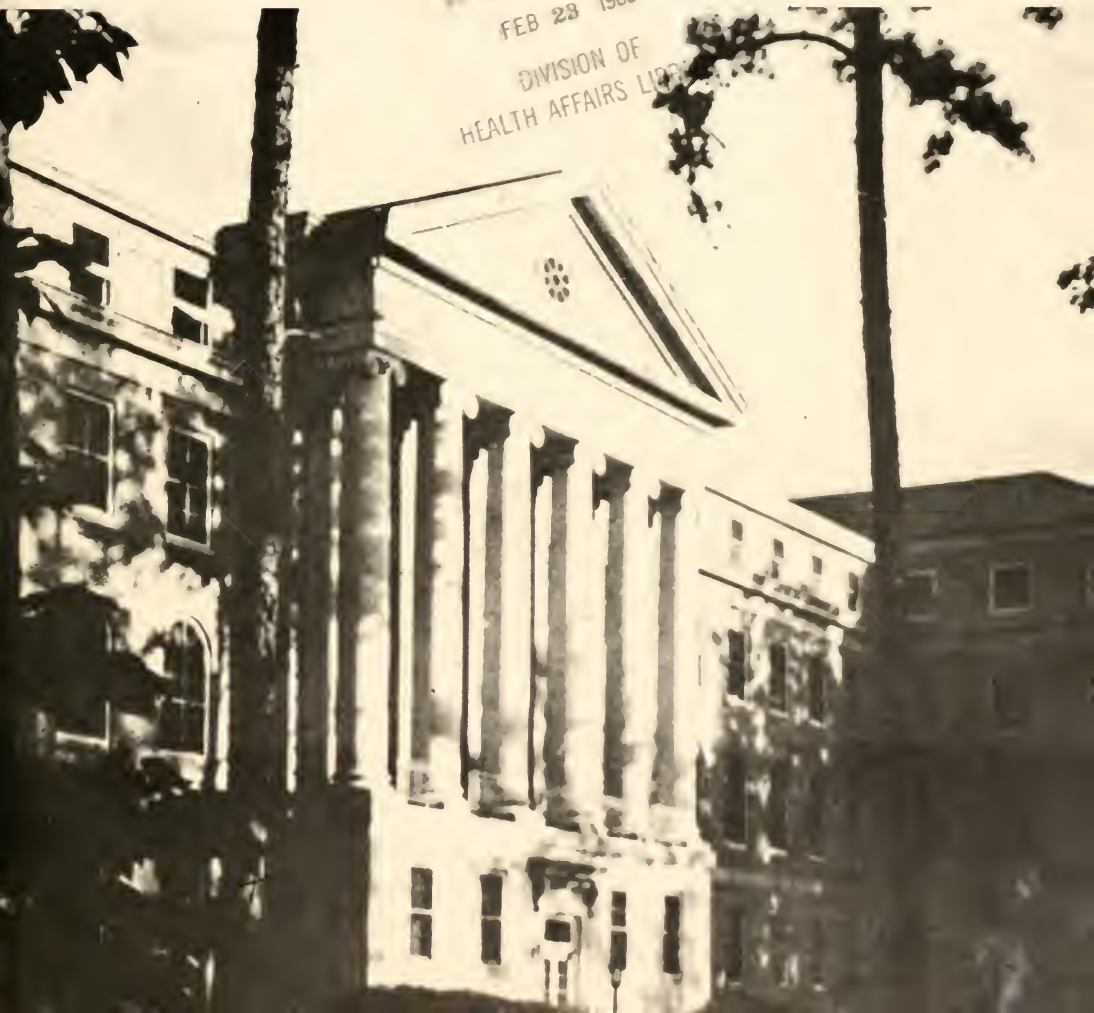

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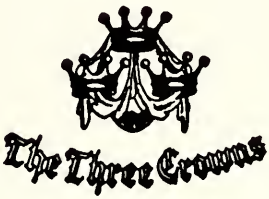

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Bulletin

NOVEMBER 1967
VOLUME XV
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FROM THE EDITOR

With this issue of THE BULLETIN the Editorial Committee is presenting a slightly modified publication. The format has been enlarged and the cover redesigned. An expanded section on medical alumni news represents an attempt to direct THE BULLETIN towards better communication with our former students. The classes to be featured in the 1967-68 issues will be those that will have reunions next spring. The Editorial Committee encourages any response or suggestions that you might have to help us make THE BULLETIN of more interest and use to its readers.

George D. Penick, M.D.
Editor

Dean Isaac M. Taylor, M.D.

Message from the Dean

A visitor to the Medical School this fall will be struck by three major elements. First, a tremendous amount of building is under way. Second, old parking areas all seem to be taken up by construction. And third, new trailers have been placed in almost every available location around the School. The hospital additions to the north and south are moving rapidly ahead and are now over half completed. A dental education building is coming out of the ground south of the Dental School. By the first of the year, construction will be under way on the new basic science building and, next door, the new School of Nursing. For the next five years new construction will be a major part of the Medical School scene. When it is completed, we shall be

able to accommodate one hundred medical students in each class, we shall have a hospital of 600 beds, and the present critical shortage of space and facilities for the medical faculty will have eased.

Although the 1967 session of the general assembly appropriated no money for construction at the School, funds have been found which permit us to continue planning and architectural work. It is absolutely essential that construction begin in the summer of 1969 on buildings to house faculty and on the hospital bed tower addition. Moreover, it will be necessary to begin as soon as possible remodelling and renovations in MacNider Hall and in the hospital. Funds for these projects will have to come from State appropriations, federal sources, and voluntary contributions from individuals, corporations, and foundations. Alumni and friends of the School will have to help in many, many ways to assure funding for this building program.

A new educational opportunity is available for our students this year as a result of the affiliation between the School and the Moses H. Cone Memorial Hospital in Greensboro. Clerkships for seniors in Medicine and Pediatrics are available on an elective basis on Cone's new medical and pediatrics teaching services. Dr. William Herring in Medicine and Dr. Martha Sharpless in Pediatrics are in charge. Students report with favorable enthusiasm on their experiences thus far. Last year we started clerkships at Charlotte Memorial Hospital and these continue. The Greensboro and Charlotte affiliations are manifestations of the efforts of the School to extend in a direct fashion our role throughout the state. This work is largely under the direction of Dean-Emeritus W. Reece Berryhill, Head of the Division of Education and Research in Community Medical Care. Dr. Berryhill and his colleagues are making the School's influence felt in a meaningful manner from the mountains to the coast.

Dr. David Hawkins left the School in August to become Chairman of the Department of Psychiatry at the University of Virginia in Charlottesville. He will be sorely missed, since he has for the past two years directed our curriculum study. Fortunately, however, Dr. William J. Cromartie has agreed to assume this important responsibility and will ably carry on Dr. Hawkins' work.

This fall's entering medical class numbers 75, an increase of 5 over the previous maximum. We shall continue to admit this number of students until 1970 when, with completion of the basic science building, there will be another increase to 100.

In concluding this report, I want to return for emphasis to the matter of funding the building projects which must get under way in the summer of 1969. It is absolutely essential that the money be available and everyone interested in the good health of the citizens of North Carolina must be working to this end in the coming 18 months.

Whitehead Lecture

THE NEW PHYSICIAN

Mr. Joyner, Mr. Dean, medical colleagues, and students:

I am well aware of the traditions of the Whitehead Society and of the pre-eminence of previous speakers on this occasion. It is, therefore, with a deep sense of humility and gratitude that I stand before you today.

I should like first to congratulate the members of the Class of 1971 on the decision to study medicine. With the changing prestige and autonomy of medicine and the rising cost of a medical education, this decision reflects a genuine interest in human welfare and biological science—qualities which provide the best beginning for a successful career in medicine.

I did not come here to praise our profession. I presume that were you unaware of its worth, you would not be sitting where you are today. Rather my purpose is to discuss how we may preserve the virtues of medicine for ourselves and for future generations of physicians.

In recent years, an unprecedented amount of criticism has been directed toward the medical profession —often to the point of overt hostility. Certainly were it not for the latter-day crusades of Casey and Kildare, one might conclude that the image of medicine was following the course of the Roman Empire. The realization that medicine is less the captain of its own ship than ever before suggests the improbability of altering this state by collective action. My premise today is, that while change is necessary and collective action difficult, we need not become silent witnesses to our own demise. Our hope lies in you, the individual physician, for historically it is through individual effort and achievement that medicine has made its most significant advances.

Before we consider how as individuals we can affect the course of medicine, it may be well to examine some of its problems. The contemporary physician has been indicted both for failing to render adequate patient care and for failure in the field of human relations.

What about patient care? Are we providing adequately for the health needs of the American people? There is at least room for doubt—both as to quantity and as to quality. We are told by medical spokesmen that the ratio of doctors to population has remained relatively constant over the past decade. What this information fails to tell us, however, is that a great percentage of this population is now seeking medical care, and that more physicians are engaged in the non-patient care areas of research and

Frank C. Wilson, Jr., M.D.

Dr. Frank C. Wilson, Jr., Chief of the Division of Orthopedic Surgery at UNC School of Medicine, was selected to deliver the 1967 Whitehead Lecture to the freshman medical class. Dr. Wilson is a native of Rome, Georgia, and is a graduate of Vanderbilt University and of the Medical College of Georgia. He received his postgraduate training in Orthopedic Surgery at the Columbia-Presbyterian Medical Center in New York and joined the staff at Chapel Hill in January 1964. Last year he was chosen as a Markle Scholar in Academic Medicine.

The Whitehead Lecture is annually sponsored by the Whitehead Society, a student organization named in honor of the first Dean of the School of Medicine, Dr. Richard H. Whitehead.

teaching, so that the doctor-patient ratio is actually decreasing.

As a testimonial to the quality of care provided by the American doctor we often hear that the life span of our average citizen lengthens each year. It is true that infant mortality has been greatly reduced by better obstetrical care and the control of infectious disease, but the adult life span has been extended only a small fraction since the beginning of the century. In addition, the mounting toll of iatrogenic illness suggests that the first law of the physician, do no harm, has been pressed into the background by the surge of medical science.

Possibly, then, the quality as well as the quantity of medical care can be improved.

And what of the doctors art? How does he relate as a person to his fellow man? It is obvious that with fewer available physicians to see more patients, there is less time for the practice of this art. Increasing knowledge has produced a more specialized physician who depends more on his science and technology than in the laying on of hands. Although there is less time for the art of medicine there is no less need for it—not, at least, so long as worry and anxiety attend illness.

The concept of science as the factual and immutable aspect of medicine has led to a decline in the art. It is, however, as Dr. Louis Welt so eloquently pointed out to us last year, the art that is unchanging. The need to establish an effective relationship with the patient is essential to the collection of clinical information. The extraction, sifting, and weighing of this information, and its proper integration with other data remain the basis for an art that will always be necessary. It is rather many of the so-called facts of science that will change.

Perhaps we can take refuge in research. One has but to consider the medical achievements of vaccine, antibiotic, and organ replacement to feel a sense of pride in being part of such a progressive profession. Equally visible, but less often seen, is our lack of calculable science in making such every day decisions as when to operate and which drug to use. Eventually medical research may provide answers to these questions, but medicine faces problems even in research. We are confronted by a public that wants something dramatic for its money. As a result, pressing short-term goals often receive support, while projects of ultimately greater potential, lacking the impact of a scientific breakthrough, go wanting. The art of grantsmanship for funding research often overshadows the research itself. You may have read the interview with the mythical Grant Swinger that appeared in *Science* several years ago. You will remember him as the director of Breakthrough Institute, a research establishment dedicated exclusively to fulfilling the public demand for scientific breakthroughs. When asked what breakthroughs he had achieved his answer was,

"It is difficult to say at this point, but we have been able to report to the public and the granting agencies a broad variety of imminent breakthroughs." And when asked about the utility of a particular project, the utilizable sonic boom or U.S.B., Swinger stated that he didn't know but "in any case we have panelized the problem, and given them the full responsibility for planning a breakthrough." And how was the panel selected? "By our standing ad hoc committee on panels." While it is perhaps unnecessary to go this far in publicizing science, it is important to inform the public of the value of scientific inquiry, some of which may have no immediate or apparent practical worth.

We must also be careful of the conclusions we draw from research. Observations and even statistics can be misleading, a fact that Mark Twain must have realized when he humorously noted that "Figures don't lie, but liars figure." The need for caution in the interpretation of research results is illustrated by the scientist who was investigating stimulus and response in the animal laboratory. After stationing a dog in one corner of the room and himself in another he called the animal, whereupon the dog came trotting obediently across the room. Replacing the dog, he tied his 2 front legs together and called again; this time the dog limped across the room with somewhat more difficulty. The animal was positioned a third time and 3 legs tied together. The investigator called, and again the animal struggled slowly to his side. In the last phase of the experiment, all of the dog's legs were bound. The scientist called, whistled, and called again, all without effect. The dog lay still on his side in the far corner of the room. Whereupon the investigator recorded the following conclusion: "A dog with all four legs tied together cannot hear."

Thus even our science might occasionally profit from a new perspective.

If we accept the need for change, we must next answer the questions: What changes are necessary? And how can they be effected? It is obvious that we cannot simply wish forth a new physician from the womb of this or any medical school. Nor will he appear as a result of any specific change in his educational process. Rather the qualities of change must come from within the individual himself—from, I believe, a personal commitment to excellence. This may appear obvious, but excellence is a difficult quality to define. What creates it? Why do some people who are innately less well endowed than others consistently perform in a superior fashion? It is true that excellence will in some measure depend upon genetic factors, but each of you has a basically superior endowment. The acquired ingredients of excellence in the physician are desire, work, humanitarianism, and integrity.

Desire is difficult to define and almost impossible to measure. If we could quantitate it, the prediction of failure or success in life would be much simpler. Desire in medicine is the will to make whatever sacrifice is necessary to become a complete physician. There is a high correlation between desire and excellence. This relationship presupposes, however, that your commitment is to medicine and not to its by-products of financial gain and prestige. Forget the money. Financial reward will come through hard work, and prestige must inevitably follow a dedication to scholarship and truth. Scholarship is not restricted to academia or research. Scholarship is an attitude, as indicated by Flexner when he noted that "medicine recognized no difference in intellectual attitude between laboratory and clinic, nor between investigator and practitioner; both, he stated must be acutely conscious of a responsibility to scientific spirit and scientific method. Thus the physician will inevitably endeavor to clarify his conceptions and to proceed more systematically in the accumulation of data, the framing of hypotheses, and the evaluation of results." Nor does the pursuit of knowledge stop with graduation from medical school. Less and less of what is known and needed to practice medicine will be taught in medical school. A good physician is always a student, and continuous self-education a part of his daily life. He must resist the tendency to substitute what is euphemistically called wisdom for deteriorating medical knowledge. There is no substitute for knowing. Neither will it be enough for him to tether his mind only in the field of science. A physician is expected to be well-informed in many different areas. He must be a part of his time, and cannot afford to restrict his interest to science and thereby remain culturally and politically naive. He must be prepared to be as Lionel Trilling said, "At home and in control of the modern world . . . . the true purpose of study."

Implicit in the concept of desire or dedication is Osler's master word, work. But there is an element of quality here as well as quantity. Excellence will belong not so much to the man who does the most work as to the one doing most of the best work. In order that your work have direction and purpose one must develop the quality of method. Aimless effort may be like treading water, keep you afloat, but it doesn't take you very far. The virtue of organization will be particularly valuable when as practicing physicians there are many more irregularities of time and obligation. If you fail to organize your experience in a meaningful way, you will not develop the inductive logic so essential to medical growth, for it is by relating individual experiences that one is able to formulate the concepts and generalities that characterize the superior physician.

Nor will everyone work in the same way. Some will be concerned directly with patients, others indirectly through teaching or research activities, but we are all working for the same thing. That is, better care of the patient. Research is the tool whereby an impression is elevated to a certain level of predictability. Teaching is the distribution of the fruits of research, and practice the utilization of these teachings. Thus, each of us is involved in a continuous spectrum of medical care. The choice to render this service as a career implies that we are here not to draw from but

to give back to life. This attitude of giving should begin during medical school. Education is not a one way street. It is improved by the exchange of ideas. Your thoughts and ideas are important to us. I would urge you to express them. I don't believe there is any such thing as a bad question. An unconsidered question, yes, but if you fail to question at all, you will not develop the imagination so necessary to interpret the many facts that will be offered you during the next four years. We as professors, and this school, should be better for your having been here. Unfortunately, there will inevitably be a certain amount of seemingly unnecessary and repetitious work. I might illustrate the need for this by the story of the hospital director who had just received an efficiency report from the president of the board. He finally decided to return the favor to this man who was also president of the board of the local symphony. After listening to several concerts the administrator wrote, "For considerable periods the four oboe players had nothing to do. Their number should be reduced and their work spread more evenly over the whole concert. All 12 first violins were playing identical notes. This seems unnecessary duplication. The staff of this section should be drastically cut. If a large sound volume is required it could be obtained by electronic amplifier apparatus. There seems too much repetition of some musical passages. Scores should be pruned. No useful purpose is served by repeating on horns a passage already played by strings. It is estimated that if all redundant passages were eliminated the two hour concert could be reduced to 20 minutes and no intermission needed."

Work will bring with it the thoroughness so essential to the physician. Let me encourage you to learn in depth, for this is the only knowledge worth having. You will for a period be so caught up in the newness of your adventure that just learning to speak the language of medicine may seem accomplishment enough. Beware of superficiality. Be sure that your knowledge is anchored in the sciences of medicine: biology, anatomy, and chemistry. It is, as Osler has pointed out, the best preventive against the "slough of charlatanism." Most of our failures in diagnosis result from a simple lack of thoroughness, a defect which I am certain could be improved by more thorough utilization of the diagnostic techniques readily available to each of us.

The third quality of excellence is humanitarianism. You will hear much of science during the remainder of your medical life, so I hope you will not begrudge me a few minutes while I speak of the nonscience of medicine. Certainly there are genes and hormones enough to consume generations of scientific study, but our commitment to the patient is total. The physiological actions of compassion and understanding are more difficult to define than those of morphine or digitalis, but they are equally important in the patient's treatment. Science, the basic knowledge of our professional life, should not be substituted for, but added to, the quality of humanitarianism. Unfortunately, this ideal sometimes gives way to cynicism as one progresses through his medical education. The development of proper attitudes, however, is just as important to our success as physicians as the acquisition of medical skills. We should remember that we exist for illness, not illness for us—a fact which, with our command of a seller's market, we sometimes forget. We must be careful not to sacrifice any patient on the altar of personal convenience or medical red tape. The patient with a crushed leg cannot wait until someone agrees to pay for his care. The increase in malpractice suits in the past ten years has resulted largely from a basic lack of humanity. It has been repeatedly pointed out that the best way to prevent malpractice suits is to maintain warm human relations with our patients. Nor should our humanity be confined to any particular socioeconomic group. All patients should be treated with the same respect and dignity, without regard to their ability to appreciate or our ability to profit from this treatment. Our role is to help, not judge, our patients. Judgments are better left to those in the legal profession. We must recognize that people differ in their response to illness and resist the temptation to classify patients as good or bad.

Coming to terms with the fourth ingredient of excellence—integrity—proved the most challenging part of preparing this lecture. It seems clear enough that integrity is the moral essential for excellence. But what precisely is integrity? Can it be acquired? And, if so, how? We may begin by realizing that whenever human beings live in association there are problems of conduct, and decisions to be made involving questions of right and wrong. Integrity may then be defined as soundness of moral principle in making these distinctions. But what makes a thing right or wrong? If one considers this question for very long it becomes apparent that there is no absolute answer; that custom, law, conscience, religion, and reflection, all play a part in the development of our moral principles, and each of these factors will vary with time, place, and person. Therefore, no one can tell you how to find integrity. You must search for and find it within yourself. Failing this, you will become the unwitting servant of gods you never intended to know.

Perhaps the quest for integrity should begin with the Socratic dictum, "Know thyself." Before the mind can grasp new truth, its acquired prejudices, ignorance, and presuppositions must be faced and expelled. With honesty in self-appraisal, one immediately realizes that he is neither omniscient nor god-like. It is important that in evaluating our accomplishments we recognize the difference between inspiration, perspiration, and pure luck. This is inevitably a humbling experience but the cloak of humility more befits our profession than that of arrogance.

Through the knowledge of self, one may achieve a type of intellectual detachment by which he may better understand the actions of his fellow man. Protected by this self detachment he may travel through

(Continued on page 16)

Joint participation in medical programs by American nurses and by members of the Army of the Republic of Vietnam.

PERSONAL OBSERVATIONS OF AN A.M.A. VOLUNTEER PHYSICIAN IN VIETNAM

C. C. DUDLEY, JR., M.D. (Class '55)
Elkin, N. C.

As one of a group of twelve physicians sponsored by the American Medical Association, under its "Volunteer Physicians for Vietnam" (VPVN) program, I left San Francisco on March 31, 1967, for a flight to Saigon by way of Hong Kong. Arriving in Saigon on April 3, 1967, we received briefings on our role in Vietnam from personnel of the United States Agency for International Development (USAID). The following day I was flown over the picturesque, flora-laden Mekong Delta to Can Tho, where I was assigned to the Phong Dinh Provincial Hospital, said to be one of the largest and best hospitals in Vietnam.

Even with inadequate space, lighting, plumbing, and sewage disposal, the facilities of the hospital were better than I had anticipated.

Surgical care is provided by a Surgical Specialty Team of the United States Air Force. My three VPVN companions worked with this team, while I, as a general practitioner with special interests in internal medicine and pediatrics, spent my time on the medical-pediatric out-patient clinic, the male medical ward, and the intensive care unit, to which all critically ill medical and pediatric patients are admitted.

Like my predecessors, I was at first staggered by the tremendous case load and the severity and variety of diseases encountered. In addition to war injuries, we saw numerous cases of pneumonia, tuberculosis, gastroenteritis, typhoid, cholera, amebiasis and other intestinal parasitic infections, hepatitis, malaria, empyema, pyoderma, meningitis, encephalitis, tetanus, rheumatic heart disease, cancer, hepato-splenomegaly of uncertain cause (now being investigated by an Army research team).

In many cases treatment had to be instituted on the basis of clinical judgment alone, but we were fortunate enough to have far better laboratory service than I had expected. It was possible to obtain complete blood counts, urinalyses, examination of stools for occult blood and parasites, serologic tests for syphilis, Widal tests, malaria smears, bacterial cultures, and certain blood chemistry determinations (glucose, bilirubin, urea nitrogen, and alkaline phosphatase). X-ray studies—although of poor quality—were also

To the Vietnamese a most important aspect of medical care that they received was the realization that someone was interested in them as individuals.

available. Even though our therapeutic armamentarium was limited, most basic medications were available.

The degree of continuity that has been maintained in the medical-pediatric program of the Phong Dinh hospital is due largely to the efforts of Captain Bruce Dunn, a Special Forces medical officer who gave freely of his time and energy to the hospital. Mention should also be made of Dr. Le Van Khoa, the capable Vietnamese medical director of the hospital, whose efforts brought about notable improvement even during the two months I was there.

To my regret, I was unable to establish more than social rapport with the other Vietnamese physicians, and thus the opportunity for exchanging technical and professional experiences was lost. Much patience and careful regard for the culture and feelings of the Vietnamese physicians will be required to establish such a mutually beneficial relationship in the future. Perhaps the new medical school in Saigon will be of help in this regard. This school has recently been expanded under a long-range program designed to increase the number of Vietnamese physicians. Eight American Medical Schools are participating in an exchange program which will enable the school to expand the size of its entering student class to 200. The Saigon School's library is being assisted by the University of North Carolina in that a Vietnamese is receiving special training at Chapel Hill under the direction of Miss Myrl Ebert, Medical Librarian at UNC.

One unexpected reward of the VPVN program for me was the opportunity to acquire first-hand knowledge of our military efforts and our program of nation-building in the Mekong Delta. Traveling overland in an Army jeep and making river voyages in a Navy patrol boat, we were tremendously impressed with what our armed forces are doing to provide military assistance, better education, more productive agricultural practices, and improved sanitation and health for the Vietnamese people. These excursions also gave us a more intimate view of the

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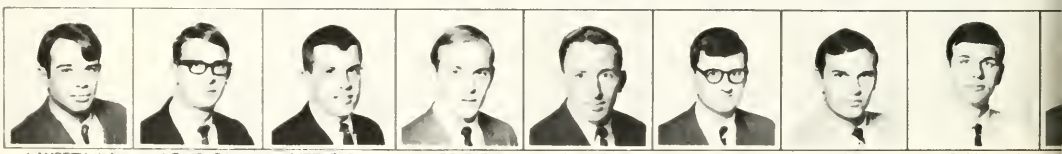
GRIGG, W R | GROCE, J G | HARSHAW, C W | HENDRICKS, S A | HENNING, J S | HOLDER, W D. | JENKINS, M B | KASSENS, W D



LAMBETH, W A | LEWIS, D.V | LITTLE, D.J | LITTLE, E.W | McENTIRE, J L | McEWEN, L.M | McFADDEN, D.M | McFADDEN, J S.

NELSON, R A | OWENS, H S | PITTMAN, W B | POWELL, F D | POWELL, R R | REYNOLDS, J O. | RICHMAN, C H | ROBERSON, V O

SHEFFIELD, K L | SHIVERS, J A | SMITH, C.L. | SPIVEY, C B | STARBUCK, W A | STEWART, G T. | SURRATT, J.P | SWITZER, J L J

9/67

WAIT, D W | WEBB, W W | YELTON, B W

NAME	Undergraduate College	Residence
Allcott III, **John** Volney	Yale	Chapel Hill, N. C.
Atkins II, Henry Hornblower **(Toby)**	Yale	Concord, Mass.
Auman, James **Richard**	Duke	Raleigh, N. C.
Barham Jr., Berlin Francis **(Frank)**	UNC	Asheboro, N. C.
Bashford, **Robert** Alonzo	N. C. State	Raleigh, N. C.
Bass Jr., **Beaty** Lee	UNC	Rutherfordton, N. C.
Bright, Don **Clark**	UNC	Elizabeth City, N. C.
Caldwell II, Lawrence McC. **(Larry)**	Wake Forest	Newton, N. C.
Carter, Coleman Delynne **(Nick)**	UNC	Garland, N. C.
Cole III, **Enser** William	Harvard	Arlington, Va.
Coxe III, James Sherwood **(Jim)**	UNC	Raleigh, N. C.
Cuttino, Jr., **John** Tindal	Duke	Matthews, N. C.
Dewees, **Steven** Philip	UNC	Sylva, N. C.
Euteneuer, Frederick Sauter **(Fred)**	Mount St. Mary's	York, Penna.
Farrell, **Edwin** Gayle	Davidson	Raleigh, N. C.
Feldman, Michael Julian **(Mike)**	Antioch	Newton, Mass.
Finch III, Bertram Carlos **(Buddy)**	Davidson	Charlotte, N. C.
Fulghum III, James Spencer **(Jim)**	N. C. State	Raleigh, N. C.
Fulghum, **Mary Susan** Kirk	UNC	Raleigh, N. C.
Gabriel, **Don** Alexander	UNC	Mooresville, N. C.
Gaddy Jr., **Joe** Ellis	Davidson	Winston-Salem, N. C.
Gammon, Walter **Ray**	N. C. State	Raleigh, N. C.
Greenfield, Daniel Paul **(Dan)**	Oberlin	Maplewood, N. J.
Griffin III, Clarence Alonzo **(Nick)**	UNC	Charlotte, N. C.
Grigg Jr., Wendell R. **(Randy)**	UNC	Atlanta, Ga.
Groce, James Gray **(Jim)**	N. C. State	Mocksville, N. C.
Harshaw Jr., **Charles** William	UNC	Greensboro, N. C.
Hendricks, **Sara** Adele	Wake Forest	Kings Mountain, N. C.
Henning, James Salwyn **(Jim)**	UNC	Sharon, Mass.
Holder Jr., **Walter** Dalton	UNC	Winston-Salem, N. C.
Jenkins, Michael Bruce **(Mike)**	UNC	Star, N. C.
Kassens Jr. William D. **(Bill)**	UNC	Wilmington, N. C.
Kilpatrick, William Roscoe **(Bill)**	Western Carolina	Sylva, N. C.
King, **Michael** Brian	UNC	Kinston, N. C.
Knowles, Michael Ray **(Mike)**	UNC	Durham, N. C.
Kuykendal, Robert Lee **(Bob)**	UNC	Atlanta, Ga.
Lambeth III, **William** Arnold	U. of the South	Winston-Salem, N. C.
Lewis, **Don** Vincent	UNC	Wilmington, N. C.
Little, Douglas Jonathan **(Doug)**	U. of Tennessee	Knoxville, Tenn.
Little, Edgar Watson **(Eddie)**	UNC	Gibsonville, N. C.
McEntire, **Jerrill** Lee	UNC	Old Fort, N. C.
McEwen III, Luther **Morris**	UNC	Charlotte, N. C.
McFadden, David Morris **(Dave)**	UNC	Asheboro, N. C.
McFadden, James Stuart **(Jim)**	UNC	Asheboro, N. C.
McLean, Jonathan Owens **(Jon)**	UNC	Harbinger, N. C.
Meador Jr., Phillip Dale **(Phil)**	UNC	Franklinton, N. C.
Meschan, Eleanor **Jane**	Wellesley	Winston-Salem, N. C.
Mortell, **Ann** Carrington	Hollins	Vienna, Va.
Nelson, Richard Allan **(Dick)**	U. of Virginia	Ormond Beach, Fla.
Owens Jr., **Hugh** Simon	UNC	Goldsboro, N. C.
Pittman, Wm. Bryan **(Will Bryan)**	UNC	Wilson, N. C.
Powell, **Fred** Darius	Fisk U.	Fairmont, N. C.
Powell, Richard Randolph **(Randy)**	UNC	Asheville, N. C.
Reynolds Jr., **John** Ozment	Davidson	Greenville, N. C.
Richman, **Charles** Henry	Duke	Greensboro, N. C.
Roberson III, Virgil Odell **(V. O.)**	Davidson	Greenville, S. C.
Sasser, William Dudley **(Bill)**	UNC	Goldsboro, N. C.
Schindelheim, **Roy** Howard	Kenyon	New York, N. Y.
Scovil Jr., James Argersinger **(Jim)**	Duke	Raleigh, N. C.
Sharp, **David** Edward	UNC	Salisbury, N. C.
Sheffield, Kenneth **Layne**	UNC	Greensboro, N. C.
Shivers, James Allison **(Al)**	UNC	High Point, N. C.
Smith, Cameron Langley **(Lanny)**	UNC	Greenville, N. C.
Spivey, **Charles** Burden	UNC	Windsor, N. C.
Starbuck Jr., **William** Agurs	Moravian	Winston-Salem, N. C.
Stewart, George **Terry**	Clemson	Greensboro, N. C.
Surratt, **John** Peerler	UNC	Rose Hill, N. C.
Switzer, **Janie** Louise Jackson	UNC	Greenville, N. C.
Van Dorsten, James **Peter**	Davidson	Winston-Salem, N. C.
Venters, **George** Cole	UNC	Richlands, N. C.
Wagner, **Karl** Edward	Kenyon	Knoxville, Tenn.
Wagoner, **David** Kirk	U. of Virginia	Norfolk, Va.
Wait III, Dwight William **(Kip)**	UNC	Glenshaw, Penna.
Webb Jr., William Whitaker **(Bill)**	Davidson	Salisbury, N. C.
Yelton Jr., **Blane** Wesley	UNC	Forest City, N. C.

MEDCAP (Medical Civil Assistance Program) goes to Phong Hoa to see 160 patients.

daily life of the Vietnamese and the commitment of dedicated American servicemen to these people.

I cannot say how much my two months in Vietnam contributed to our country's effort to help that nation in its struggle to establish a democracy; I do know what the two months with the Vietnamese did for me. In addition to making me grateful for America, my stay in Vietnam has given me a deeper sense of our obligation to those less fortunate than we. I have learned that the Oriental does not think as we think; but he cries the same tears when his children die. Most important, I regained a perspective of medicine and its potentialities that will make my life more meaningful and my profession more satisfying. For this I am indebted to Vietnam and my Vietnamese friends.

Even the small children stoically tolerate their injections—and life.

–Whitehead Lecture–

(Continued from page 11)

the poppy fields of medicine without moral somnolence. During your journey your principles will often be tested. There will be times when it is easier to agree or say nothing than to stand up and be counted for your beliefs. It may be less difficult to reconcile yourself to accepted but inferior standards of practice in your community than to insist on their elevation; or less troublesome to give a patient what he wants than to explain why he should not have it. Or again one may indulge his ego by joining a patient's criticism of another physician. Although temporarily expedient such attitudes will erode the very foundations of medicine. Our indications for treatment should be as specific as our science will allow. We should refuse any entente with a patient against another physician. This is not to condone any "protective conspiracy" among members of our own profession, for if we do not police our numbers, others undoubtedly will.

These are but a few examples. In your lifetime you will be faced with many moral questions. Their solution will be more difficult than the diagnosis of illness, but this in itself suggests the value of finding the answers. Having done so, you should support them with the stiffness of spine necessary to carry "a message to Garcia."

Excellence then is an acquired habit, an elixir which when tasted becomes intoxicating and irresistible. It is the best defense against criticism. All the talk, political activity, and publicity in the world are not so effective as day to day excellence in our work as physicians—the services we render without any thought of personal gain. I would therefore urge you to develop a compulsion for excellence and a reluctance to accept in yourselves anything less than your best performance.

Thus it is with the tool of excellence that the new physician will be forged. Such a physician, as Stephen Paget noted, may not have reached the top of the tree, but he can still congratulate himself that he is on a branch. "He may be thankful for the natural dignity of his work, its unembarrassed kindness, its insight into life, its hold in science—for these privileges and all that they bring with them will lift him up and up, high over the top of the tree, circle above circle, out of the reach of words."

> *"We stand upon the intellectual shoulders of those medical giants of bygone days and, because of the help they afford us, we are able to see a little more clearly than they were able to do."*
>
> —Claude Bernard

Alumnus Gives Medical Aid To Bolivia

Dr. W. Collins Mahaffee ('54), of the staff of Moses H. Cone Memorial Hospital in Greensboro, N. C., recently spent six weeks in the state of Cochabamba, Bolivia, as a volunteer physician under the N. C. Partners for Progress exchange program. The purpose of his trip was to treat patients and to help educate the people in public health.

Together with three Peace Corps volunteers and two Bolivian interns, Dr. Mahaffee traveled into the mountainous sections of Bolivia, some 12,000 to 17,000 feet above sea level, where he spent two weeks with the Quechua Indians. Although the Quechua civilization dates back 12 to 15 centuries, it is only since the advent of the transistor radio that these people have become aware of the outside world. The average life expectancy among these Indians, who make their living by farming, is 32 years, and only one of two babies lives through its first year of life.

Dr. Mahaffee said of his experience, "It was extremely satisfying from a professional point of view, yet also . . . frustrating" because of the many diseases that required long-range treatment, that he was unable to give. In addition to treating patients with diphtheria, tuberculosis and other respiratory diseases, Dr. Mahaffee held seminars every night for the two Bolivian interns who accompanied him.

According to Dr. Mahaffee, medical training in Bolivia is relatively inadequate by North American standards. After one year of internship, medical graduates are sent to some remote part of the country to practice for one year. When they return, they choose a specialty and practice it without benefit of residency training.

Dr. Mahaffee plans to return to Bolivia within the next few years.

Presenting the Faculty

HAROLD R. ROBERTS

Dr. Harold R. Roberts is a native of North Carolina and a graduate of the School of Medicine at Chapel Hill ('55). He served an Internship in Medicine at Vanderbilt University Hospital, and afterwards went to the University of Copenhagen as a Fulbright Scholar in Experimental Pathology. Returning to Vanderbilt as a Fellow in Hematology, he subsequently served as Assistant Resident in Medicine there. Dr. Roberts came back to Chapel Hill in 1959 as a Fellow in Neurology; later he was Resident in Medicine. He currently is Associate Professor of Pathology and Medicine and Director of the Clinical Coagulation Laboratory. In this special capacity he cares for several hundred patients in this region with hemorrhagic and thrombotic diseases. Dr. Roberts has had a productive investigative career in the field of blood coagulation and related subjects having published about 45 articles in scientific books and journals. Last year, his unusual talents were acknowledged by the Lederle Foundation when he was given a Lederle Medical Faculty Award, a three year grant in support of his work that totals $23,500.00.

At the Fall meeting of the Medical Faculty, the following new members were introduced:

BIOCHEMISTRY

DR. TERRENCE BELLAIR, Assistant Professor
DR. HAROLD C. SMITH, Assistant Professor

MEDICINE

DR. WILLIAM L. BLACK, Clinical Assistant Professor
DR. ROBERT A. BRIGGAMAN, Instructor
DR. JAMES R. HARPER, Clinical Assistant Professor
DR. ROBERT L. NEY, Associate Professor
DR. JOHN C. PARKER, Assistant Professor
DR. C. GLENN PICKARD, JR., Chief Resident and Instructor

OBSTETRICS-GYNECOLOGY

DR. RICHARD N. ANDERSEN, Assistant Professor

PATHOLOGY

DR. RUDOLPH F. ALBERT, Instructor and Chief Resident
DR. CHARLES N. CARNEY, Instructor

PEDIATRICS

DR. GERALD W. FERNALD, Assistant Professor
DR. ROBERT T. HERRINGTON, Assistant Professor
DR. FRANK A. LODA, Assistant Professor
DR. MARTHA K. SHARPLESS, Assistant Professor

PSYCHIATRY

DR. FRANCES A. CAMPBELL, Asst. Prof. of Psychology
DR. LIAM N. DALY, Instructor
DR. ALLEN MARK FEINBERG, Asst. Prof. of Psychology
DR. MICHAEL FROMHART, Asst. Prof. of Psychology
DR. NANCY M. JOHNSON, Asst. Prof. of Psychology
DR. HERMAN LINEBERGER, Assistant Professor
DR. ROBERT G. MEYER, Asst. Prof. of Psychology
DR. FRANCIS T. MILLER, Asst. Prof. of Psychology
DR. CHARLES HENRY MOORE, Asst. Prof. of Psychology
DR. CHARLES E. SMITH, Associate Professor
DR. DAVID S. WERMAN, Assistant Professor
DR. PETER WHYBROW, Instructor

RADIOLOGY

DR. JULIAN H. CAPPS, Assistant Professor
DR. ORLANDO F. GABRIELE, Associate Professor

SURGERY

DR. IRWIN K. COHEN, Chief Resident and Part-time Instructor
DR. SELLERS L. CRISP, Chief Resident and Part-time Instructor
DR. JAMES H. GIBBS, Instructor
DR. JOHN P. GOODSON, Chief Resident and Part-time Instructor
DR. LESLIE M. HALE, Instructor
DR. IRA M. HARDY, II, Chief Resident and Part-time Instructor
DR. JAMES M. MARLOWE, Chief Resident and Part-time Instructor
DR. JAQUALINE SMETS-BESCOMBE, Instructor
DR. WILLIAM C. TRIER, Assistant Professor
DR. THEODORE C. WHITSON, Chief Resident and Part-time Instructor
DR. WILLIAM P. BIGGERS, Chief Resident and Part-time Instructor
DR. ABNER G. BEVIN, Chief Resident and Part-time Instructor
DR. PAUL W. BLACK, Chief Resident and Part-time Instructor

CENTER FOR RESEARCH IN PHARMACOLOGY-TOXICOLOGY

DR. ANTHONY F. BARTHOLOMAY, Professor
DR. KENNETH H. DUDLEY, Assistant Professor
DR. JAMES B. GRIFFIN, Asst. Professor (Joint Appointment in Biochemistry)
DR. DAVID J. HOLBROOK, Assistant Professor (Joint Appointment in Biochemistry)
DR. ROY A. WEAVER, Instructor (Joint appointment in Pathology)
DR. JOHN ZEMP, Assistant Professor (Joint appointment in Biochemistry)

DIVISION OF EDUCATION AND RESEARCH IN COMMUNITY MEDICAL CARE

MR. JOHN B. WILSON, Director, Research and Development

PHYSICAL THERAPY

MISS CAROLYN BOYD, Instructor

SOCIAL SERVICE

MISS VIRGINIA HEBBERT, Assistant Professor
MISS RUTH B. LOTT, Instructor

ALUMNI NEWS

To assemble current information about our alumni, requests were recently mailed to members of the classes that will have their reunions in the Spring of 1968. The following represents some of the responses received to date, printed essentially in the words of the respective alumnus.

1918

WILLIAM J. B. ORR (4050 N. Ocean Drive, Apt. 510. Lauderdale-by-the-Sea, Fla., 33308). UNC, 1918; University of Maryland Medical College, 1920. Retired from General Surgery in Washington, D. C. on December 1st 1954.

Now have an ocean-front apartment at Lauderdale-by-the-Sea where I live with my wife, formerly Lola Marguerite Miller of Washington, D. C. Have citrus groves in the Indian River section of Florida, at Fort Pierce. We enjoy retirement in our apartment on the beach, and drive 100 miles over the Sunshine Parkway to my groves about once a week. Have passed three-score-years and ten, plus five, and am enjoying life.

ROGER SIDDALL (342 West Calhoun Street, Sumter, S. C.). Although still on the faculty list of Wayne State University Medical School, I retired from the private practice of obstetrics and gynecology January, 1966. Living in Sumter, S. C., during the colder months and at my cottage on Lake Erie in Ontario during summer so as to be near my children and ten grandchildren in Detroit. My geriatrician reports my excellent health is a good example of the advantages of a clear conscience and clean living.

1928

ALLAN S. CHRISMAN (8015 Aberdeen Road, Bethesda, Md.). Rear Admiral, Medical Corps, U. S. Navy, Retired. 2 yr. med. UNC 1928. M.D., Harvard 1930. Interned US Naval Hospital, Philadelphia, Pa., 1930-1931. Promoted to Rear Admiral, Medical Corps, US Navy 1958. Deputy Surgeon General, U. S. Navy 1961 until retirement July, 1964. In 1964 completed thirty-four years in the U. S. Navy. Diplomate of American Board of Preventive Medicine. Fellow of American College of Preventive Medicine. Senior Medical Officer of American National Red Cross with headquarters in Washington, D. C. (1964—).

One daughter is an M.D. practicing in Springfield, Va. and is married to a physician. They have three children. One son now in medical school—unmarried. Another daughter is a school teacher in Virginia—unmarried.

LESTER A. CROWELL, JR. (816 South Aspen Street, Lincolnton, N. C.). A.B., UNC '26. Two Year Medicine UNC '28. Tulane M.D., '30. Member of N. C. State Board of Medical Examiners '38-44. Fellow American College of Physicians since November, 1943. Certified American Board of Internal Medicine, May, 1943. Chairman Lincoln County Republican Executive Committee, 1956-64. Chairman N. C. Ninth Congressional District Republican Executive Committee. President Lincoln Frozen Foods, Inc., a Lincolnton food processing plant. Vice President, Secretary, Medical Director and Roentgenologist of Gordon Crowell Memorial Hospital in Lincolnton, N. C. a one hundred bed general hospital.

Married to the former Elaine Deal. Father of five children; the oldest, Dr. Gordon C. Crowell, graduate of UNC Medical School ('57); the second married to a Winston-Salem druggist, Mrs. Prentiss George; the third, Mrs. Ralph E. Cochrane, Jr., of Lincolnton; the fourth, Jenny, an X-ray technician; the youngest, a student at Southern Seminary in Buena Vista, Va.

DUNCAN OWEN (1920 Fort Bragg Road, Fayetteville, N. C.). Permanent President of the Class of 1928. Private practice of Medicine, specializing in Internal Medicine, in Fayetteville since 1931 except between 1942 and 1946 which was served with Medical Corps, U. S. Army. I have no idea of retiring and am planning on attending the Fiftieth Reunion of the academic class 1927 and the Medical Class of 1928. I am a member of the staff of the Cape Fear Valley Hospital and the Highsmith-Rainey Memorial Hospital.

Married to the former Mary Gwyn Hickerson. Have one son, Duncan S. Owen, Jr. (UNC—B.S., Medicine '57; M.D., '60) who is an assistant Professor of Medicine at Medical College of Virginia, Richmond, Va. I am a ruling Elder of the First Presbyterian Church, Fayetteville.

H. C. THOMPSON died on June 27, 1967, after an extended illness. He had retired on October 31, 1966. He is survived by his widow, Mrs. Kathleen C. Thompson (Box 202, Shelby, N. C.); one daughter, Mrs. John Beard of Raleigh; two sons, Edward H. Thompson of Laurel, Md., and H. C. Thompson, Jr., of Falls Church, Va.; and two granddaughters.

1932

STERLING A. BARRETT (721 Black Building, Waterloo, Iowa). B.S., Medicine, UNC, 1932. M.D., Jefferson 1934. Cincinnati General, Henry Ford, and Grace (Detroit) Hospitals. Practice: Ophthalmology. Member of the American Academy of Ophthalmology and Otolaryngology.

Married to Pauline Rockafeler (1954). No children. Trustee of the Presbyterian Church. Hobby: travel.

DERMOT LOHR (20 Vance Circle, Lexington, North Carolina). General Practice in Lexington, North Carolina, until 1959. Health Director of Davidson County since 1959.

Three children. The older son, Dr. Lloyd D. Lohr, is a graduate of UNC Medical School ('61) and is currently a Resident in Ob-Gyn at Memorial Hospital, Chapel Hill. The younger son, Dr. Jacob A. Lohr, UNC Medical School ('67) is now interning in pediatrics at the University of Virginia, Charlottesville, Virginia. My daughter, Sara Jo Lohr, is a sophomore at the UNC School of Pharmacy.

T. J. TAYLOR (614 Franklin Street, Roanoke Rapids, N. C.). Currently a hard-working General Practitioner in Roanoke Rapids. Also serving on N. C. Board of Nursing Examiners.

Proud grandfather of first grandchild, little Miss Kelly Ann, daughter of Captain and Mrs. James Miller, presently residing in Fallon, Nevada. Other daughter and son-in-law, Mr. and Mrs. Vic Bowles, reside in Chapel Hill, N. C. Present ambition—to spend a little more time at cottage on Lake Gaston.

1933

RUTH DIXON HENLEY (Suite 718, Nissen Building, 310 West Fourth Street, Winston-Salem, N. C.). As of November

1, 1967, I will have been in the private practice of Obstetrics and Gynecology for thirty years.

Unmarried. No children except the more than 4,000 I have delivered.

SAMUEL A. POPE (Beaulaville, N. C.). Am now 61 years. Fair health. Have been in General Practice in this community since December 13, 1937. There are only two physicians located here and the other physician is unable to treat patients but 3 or 4 hours a day. Need another doctor here. Simply cannot go night and day. Patients prefer I spend time examining and talking and taking personal interest in their problems rather than short, incomplete, hasty exam and rush them out of my office. As a result, I see only 20-25 patients a day and cannot make night house calls except in extreme emergency. After nearly thirty years practice, I have not amassed a huge fortune—numerous farms and much real estate—but damned if it has not been a lot of fun and satisfaction.

1938

RAIFORD D. BAXLEY (Eastgate, Sylva, N. C.). Now practicing general surgery and thoracic surgery in Sylva, N. C. Although it was somewhat hard to adjust to the mountainous regions after having lived a lifelong period in the Piedmont and Sandhill section of the State, have now grown to like this part of the country a great deal and see the need for such a service here . . . Prior to coming to Sylva, took a residency in cardiovascular surgery at the University Hospital in Cleveland, Ohio.

My younger son is a senior at the University of North Carolina and what his ultimate destiny will be I at this time have no idea, but I am hoping and trying to encourage him to enter the field of law. My oldest son has completed his formal training, and my daughter is a junior high school student who is doing exceptionally well. Thus, we have been blessed by three fine children, and if the old man can continue to maneuver and manipulate or to measure up to the modern standards of medical care, then perhaps the efforts that were spent from the time I attended the University as a very green college freshman, in the depths of the Depression, will not have been in vain.

I continue to follow with amazement the rapid advances that the University of North Carolina Medical Center is making in its various fields of endeavor and certainly think that great tribute should be paid to the early founders of our medical school and especially to Dr. Reece Berryhill, who guided the school through days of grave problems and ticklish public relations. It is always a pleasure to read the publications you send me, and I always will have a very extreme and intense interest in the progression and the advancement of the great work that all of you are doing in Chapel Hill.

In conclusion, I would like to remind many of those in my particular age group of the controversy that originally developed concerning the location of our Medical School. Some of us thought that it should be in Chapel Hill, and others of equal statue and of equal reasoning power thought that perhaps this school should be in Charlotte. I think the progress that has been made and the fine record achieved, the service rendered, and the many young doctors restored to the counties of our great state will bear testimony to the fact that Chapel Hill was the correct location of our great medical center.

FRANCIS D. GIBSON, JR. (5522 Park Avenue, Memphis, Tenn.). Now doing Internal Medicine full time at Veterans Administration Hospital, Memphis, Tenn. Published article in March, 1966, issue of GERIATRICS Magazine entitled "Peripheral Neuritis After Long Term Isoniazid Therapy."

H. H. HODGES (1351 Durwood Drive, Charlotte, N. C.). Continue to practice Internal Medicine in Charlotte in association with the Durwood Medical Clinic (the staff includes two other UNC Alumni, Dr. Jack B. Hobson ('57) and Dr. Charles W. Harris ('60). President of the North Carolina Society of Internal Medicine for 1967.

My youngest son, Bill, is now a freshman at UNC. My oldest son, George, is a junior at the University of Virginia.

1943M

JOHN CHAMBLISS (404 Peachtree Street, Rocky Mount, N. C.). Stay busy with practice and trying to help plan for a much needed 300-bed county hospital. Hope we can get enough classmates to the annual meeting in 1968 for a good reunion.

GEORGE E. KOURY (1821 Hilton Road, Burlington, N. C.). Born April 7, 1921, Burlington, North Carolina. Two years at Belmont Abbey College and transferred to UNC 1939. A.B. Degree in Chemistry UNC 1941. UNC Medical School 1941-1943—Certificate in Medicine. Tulane University 1943-1944—M.D. Interned at Charity Hospital 1944-1945. Army Medical Corps—Pacific Theatre—1945-1948. Discharged with Captain rank. Fellow in Medicine, Instructor in Medicine at Tulane University 1948 to November, 1950. Diplomate of Board of Internal Medicine, February, 1953. Member of American Diabetes Association. Associate American College of Physicians. Assistant in Medicine, Duke University 1951-1967. Clinical Assistant Professor of Medicine, UNC 1967. Chief of the Department of Medicine, Alamance County Hospital. Member of the American Society of Internal Medicine and the North Carolina Society of Internal Medicine. Private practice of Internal Medicine 1951 to present.

Married to Marvella Agnes Vanney, M.D., graduate of LSU, April, 1950. Five children, two boys and three girls. Oldest son is State Champion Tennis player, youngest son—third ranked tennis player in State in his age group. Hobbies: Tennis, boating and fishing. No longer beat my oldest son but do well against the twelve year old son.

FRANK REYNOLDS (1613 Dock Street, Wilmington, N. C.). At present I am Councilor from the Third District and serving on the Executive Council of the State Medical Society. Also Co-chairman of the Pediatric Practice Committee for the N. C. Pediatric Society.

Frank, Jr., is a junior at UNC. Taking Pre-Med and Chemistry.

1943D

CECIL W. WOOTEN, JR. (Kinston Clinic, Kinston, N. C. 28501). . . . I have been doing general practice in Kinston for almost 20 years now. Our only son is in Graduate School at Carolina in the Classics Department. I am afraid the night work caused him not to want to be a doctor. About two years ago the Great Books reading program in Kinston was about to fold for the need of a moderator, so I took over the job and have found it most interesting and stimulating . . . I certainly do miss the old days at Chapel Hill.

1958

CAROLYN ELIZABETH CULBRETH BARKER (Route 3, Box 131-H, Oxford, N. C.). Completed one year of psychiatric residency at John Umstead Hospital, Butner, N. C. Now on leave with plans to return to JUH on January 2, 1968, on a part-time basis.

Married May 21, 1960, to Ollie Tilman Barker II, supervisor for Universal Tobacco Company, Richmond, Va. Three children: Hellen Elizabeth, 1961; Roy Tilman, 1964; and Michael Keith, 1967.

REBECCA H. BUCKLEY (Duke Medical Center, Durham, N. C.). I am currently doing academic Pediatrics, Allergy and Immunology at Duke.

My husband, C. Edward Buckley III, M.D., and I have four children: Charles, eleven; Beth, eight; Kathy, six; and Sarah, three.

NANCY L. PRITCHETT FAWCETT (University of Miami Medical School, Miami, Fla.). Currently Assistant Professor in Pediatrics at the University of Miami and Director of the Pediatric Outpatient Clinic at Jackson Memorial Hospital, Miami, Fla. Have clinical responsibility for research patients with cystinuria and hyperuricemia under Dr. William L. Nyhan. Family: Husband who likes "Florida living." Two children, son 6 years old, daughter 3 years old.

RICHARD HARRIS (333 NW Twenty-third Avenue, Portland, Ore.). Currently practicing Internal Medicine and Hematology in Portland, Ore.

JOHN RICHARDSON PATTERSON (990 Main, 104 Doctors Building, Danville, Va.). Residency 1959-1963 OB-GYN, University of Florida Hospital. Army 1963-1965 Fort Ord, Monterey, Calif. Since 1965 in practice in OB-GYN with Dr. John J. Marsella.

Wife, Anne, and two children: John, seven, and Meredith, three. Hobby is golf.

J. WAYNE THOMPSON (1715 North Fayetteville Street, Asheboro, N. C.). General Practice in Asheboro, N. C., associated with Charles W. Stout, M.D. ('58).

Married to former Elizabeth Gurley of Goldsboro. Three boys: Tyre, eight; Jeffrey, three; Gary, two.

1963

QUINCY ADAMS AYSCUE (U. S. N. Hospital, Quantico, Va.). Finished Residency in Anesthesiology at Duke in 1966. Currently in U. S. Navy. Chief of Anesthesia, U. S. N. Hospital, Quantico, Va. Discharge anticipated in July, 1968. Going into private practice, undetermined where at present.

One child, Ann Douglas Ayscue, three years old.

KARL F. BITTER (10110 SW Eighty-fifth Street, Miami, Fla.). Resident in Urology at University of Miami, Jackson Memorial Hospital. Flight Surgeon, U. S. Air Force, 1964-1966.

Four children.

BRUCE F. CALDWELL (G-17 General Surgery, Medical College of Georgia, Eugene Talmadge Memorial Hospital, Augusta, Ga.). Currently Chief Resident, General Surgery at the Medical College of Georgia. Spent sixty days in Vietnam as a volunteer physician to a civilian hospital under the plan sponsored by AMA. Plan to practice General Surgery in the mountains or piedmont of N. C.

Married with three children. Hobbies include golf, stamp collecting, and reading.

CHARLES L. COOKE (Medical College of Virginia Hospital, Richmond, Va.). I have completed two years in the Air Force Medical Corps and am now back in residency in Internal Medicine at the Medical College of Virginia in Richmond.

ROBERT J. COWAN (Baptist Hospital, Winston-Salem, N. C.). Since leaving Chapel Hill, interned in Medicine at Columbia—Presbyterian, New York; two years in the service after that (one in Vietnam with the First Cavalry Division —Airmobile), received Bronze Star while there. Returned to complete one year of medical residency at Columbia—Presbyterian, and I am now in Radiology residency at Bowman Gray Baptist Hospital.

Family at present consists of wife, Caroline, and two daughters.

J. M. GALLAGHER (USAF Hospital, Sheppard AFB, Tex.). 1963-64 Mixed Medicine Internship, University of Wisconsin, Madison, Wis. 1964-67 Psychiatry Residency, University of Washington, Seattle, Wash. Was chief resident in Psychiatry, University of Washington Hospital 1966-67. 1967-69 Psychiatrist Medical Corps, USAF Hospital, Sheppard AFB, Tex. Plans are private practice (general Psychiatry) in Seattle, Wash. Part-time teaching at University of Washington.

Wife: former Ann Mangum of Chapel Hill. Three children: Eldest son a Tarheel, Walter Michael, now 7½, born during medical school years; Vincent Alan, 3½, born in Madison, Wis., during internship; Margaret Elizabeth, 19 months, born in Seattle, Wash., during residency.

R. DALEY GOFF, JR. (USNAU Air Station, Albany, Ga.). I am presently fulfilling my military obligation in USNR/MC, stationed at USNAU Air Station, Albany, Ga. Will become a civilian in April, 1968, and return for last 15 months of General Surgery Residency at University of Florida, Gainesville, Fla.

LARRY K. JACKSON (522 Montgomery Street, Springfield, Va.). . . . When I left UNC in 1963, I went to the Medical College Hospital in Charleston, S. C., for an internship in Medicine and Pathology and one year of residency in Medicine. After that I satisfied my two years service obligation in the US Public Health Service. I was fortunate to be assigned to a medical computer program to analyze the exercise electrocardiogram. A report on this work was published in the September issue of the American Journal of Cardiology. This year I am doing a Public Health Service supported residency in Medicine at the Georgetown University Hospital in Washington, D. C. I look forward to 1-2 years of fellowship in Cardiology after this . . .

My family now numbers three children: Lori 6, Lisa 2, and Gregory 7.

WILLIAM O. JOLLY III (312 Yadkin Street, Albemarle, N. C.). Completed two years active duty with the Air Force in July, 1967. Now engaged in General Practice in partnership with three other physicians in Albemarle, N. C.

CHARLES J. SAWYER (408 South Colony Avenue, Ahoskie, N. C.). This is my second year in family practice in Ahoskie, N. C., in partnership with Dr. J. L. Darden, Jr. We are now in a new clinic building with a pediatrician and an internist.

My children, Kathy and Jud, are seven and four, respectively; we are living in a small new home.

DAVID W. SILLMON (2183 Paxton Drive, Harrisburg, Pa.). Second year Resident in Internal Medicine, Harrisburg, Pa. Plan to practice Internal Medicine in N. C. after residency training.

Wife, Gertrude. Two children: Sandra, four, and Rebecca, three.

JACK H. WELCH (263 S. Ashland Avenue, Lexington, Ky.). Private practice in anesthesiology at Central Baptist Hospital in Lexington, Ky., for two years. Clinical Instructor in Anesthesia at the University of Kentucky.

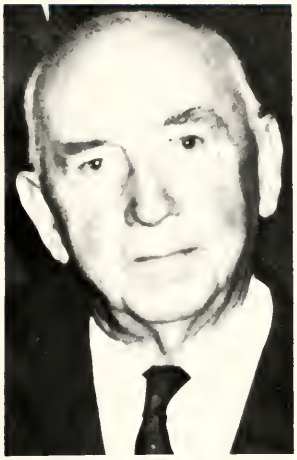
Four children: Jacquelyn, 13; Kathryn, 11; Robert, 5; Martha, 10 months.

DAVID R. WILLIAMS (Maxwell Air Force Base, Ala.). Now a Pediatrician at Maxwell AFB, Ala. Plan to begin practice in July, 1968, in Thomasville, N. C.

On August 9, 1967, wife, Jane, gave birth to our third child.

The Bulletin is grateful to the above responders to our request for news items. We hope that other alumni, and especially members of the reunion classes, will also send us information about themselves for publication in future issues.

Donation Will Help Build Chapel



JOHN M. REEVES

A movement to establish an all-faith chapel at N. C. Memorial Hospital has been given impetus by a challenging gift of $125,000 from Mr. John M. Reeves of Pinehurst, a UNC alumnus (class of 1910). Mr. Reeves, Chairman of the Board of Reeves Brothers, Inc., a textile firm with headquarters in New York City, and former Chairman of the N. C. Ports Authority, has pledged half the cost of the $250,000 chapel if matching funds are provided. The proposed chapel would serve the needs of patients, families of patients, students, staff, and faculty. In addition to serving as a place for worship and meditation, the chapel would provide conference and consultation rooms and teaching areas for the hospital chaplaincy training program, a program directed by the Rev. Fred W. Reid and the Rev. John C. Grant. Five ministerial "interns" are now in training .

The N. C. Department of the American Legion has authorized its Commander, Robert A. Tart of Benson, to appoint a committee to consider ways and means of raising the matching $125,000. Because N. C. Memorial Hospital was built as a memorial to North Carolinians "who have given their lives or who may hereafter give their lives as members of the Armed Forces," the American Legion has had an interest in it from its inception. Members of the N. C. Department of the American Legion played prominent roles in the Good Health movement of the 1940's, which led to the establishment of the Hospital and the four-year Medical School at the University of North Carolina.

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Dear Fellow Alumni:

Plans are essentially complete for what promises to be an exciting annual meeting of the Medical Alumni Association on April 5th and 6th, 1968. We will have a roster of distinguished State and National speakers.

The Place: Chapel Hill.

The Time: 1) Friday night, April 5, 1968—Banquet; 2) Saturday morning, April 6, 1968—Panel Discussion; 3) Saturday noon—Luncheon and short business meeting.

1) Friday Night:

a) Dr. Dickinson W. Richards, Nobel Laureate in Medicine and Lambert Professor of Medicine, Emeritus, College of Physicians and Surgeons, Columbia University, will discuss: "ARE MEDICAL SCHOOL FACULTIES QUALIFIED TO TEACH MEDICINE?"

b) Dr. Henry T. Heald, Former Chancellor of New York University, and Past President of the Ford Foundation, will discuss: "UNIVERSITIES AND THEIR MEDICAL SCHOOLS"

(Dr. Heald's presentation will serve to introduce this subject for the Saturday morning Panel Discussion.)

2) Saturday, 9:30 a.m.-12:30 p.m.

Panel discussion on "UNIVERSITIES AND THEIR MEDICAL SCHOOLS"

Presiding: McLeod Riggins, M.D.

Moderator: President William C. Friday, Ph.D.

Panelists: William Danforth, M.D. Vice Chancellor in Charge of Medical Affairs, Washington University, St. Louis, Mo.

Dr. Henry T. Heald, Consultant, Higher Education, New York.

Mr. Watts Hill, Jr. Chairman, N. C. Commission of Higher Education.

Houston H. Merritt, M.D. Dean, College of Physicians and Surgeons, Columbia University.

Dickinson W. Richards, M.D. Lambert Professor of Medicine, Emeritus, College of Physicians and Surgeons, Columbia University.

James A. Shannon, M.D. Director, N.I.H., Bethesda, Maryland.

Chancellor J. Carlyle Sitterson, Ph.D.

Dean Isaac M. Taylor, M.D.

Louis G. Welt, M.D., Chairman, Department of Medicine.

Nathan A. Womack, M.D., Kenan Professor of Surgery.

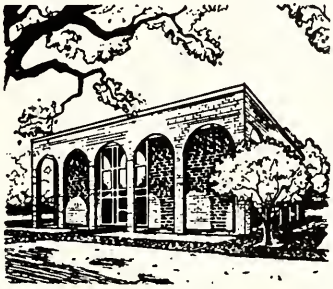
The subject of Dr. Heald's Friday night paper and the Saturday morning discussion is of such great national and local importance that we decided to have Dr. Heald introduce this Friday night and then devote the entire morning to discussion of this subject in depth. There will be time for questions from the floor and toward the end; two of the Panelists will be requested to challenge various views of other Panelists. The Panel consists of representatives from Medicine, the University community, Federal and State Governments and Foundations. Because of the further enlargement of the medical student body and added expansion to furnish greatly needed facilities at the School, the subject will be timely and controversial but informative and should prove of great interest to the entire University and Medical communities of the State, and to our Alumni and the State Legislators, many of whom are being invited to the meeting.

Mark the date on your calendar *now;* come *early,* see old friends, meet new ones and actually participate in the program. Speeches will be *short* and informative and the social hour relaxing and enjoyable.

Look forward to seeing you. Kind regards and best wishes.

Cordially,

McLeod Riggins, M.D., President
Medical Alumni Association



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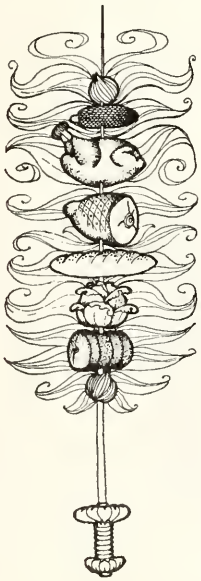

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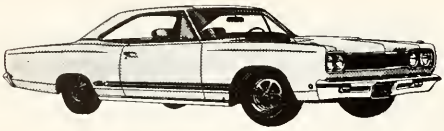

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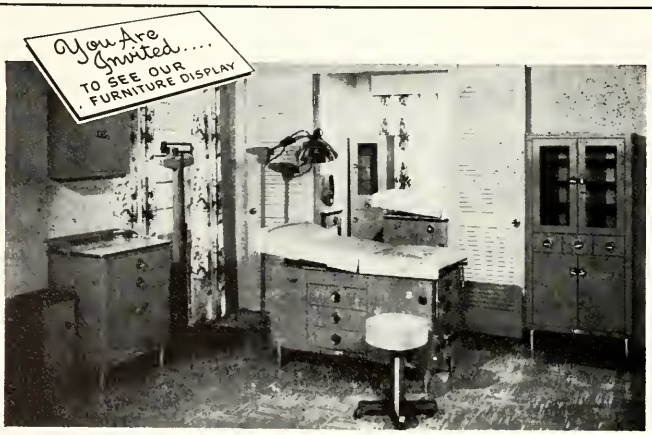

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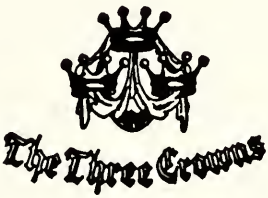

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Dean Isaac M. Taylor, M.D.

Message from the Dean

Our building program continues to move ahead. Construction of the facility for the care of ambulatory patients is on or ahead of schedule, and we expect the building to be completely occupied in just over a year. The new library building west of MacNider Hall and the new basic education facility northeast of the Medical Sciences Research Wing are now under construction. A one-story prefabricated laboratory building is being put up in the old "Victory Village" area. Construction of the Child Development Center will begin before the year's end, and contracts will soon be signed for the Swing Building.

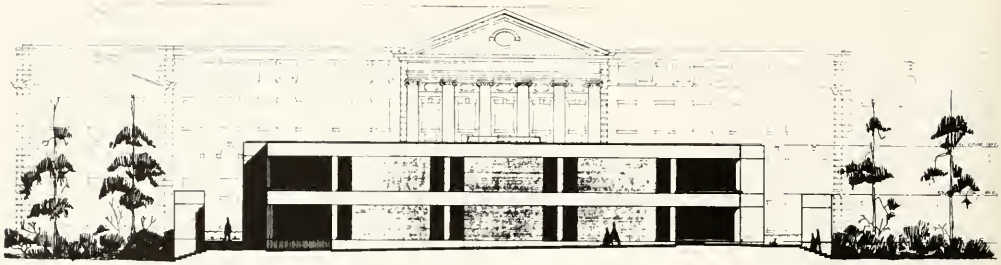
Planning continues on the clinical sciences building, the second basic sciences addition, and the hospital bed tower—projects required if we are to meet our commitment to increase the freshman medical class to 100 students beginning in the fall of 1970. As you know, capital improvement appropriations for these projects will be needed from the 1969 session of the General Assembly.

In recent months, the problem of health services for the people of North Carolina has received increasing attention in the form of feature articles and editorial comment. One aspect of the problem—physicians' services for rural areas and small communities—is the subject of study by a committee of the Legislative Research Commission. One of the charges given this commission by last year's Legislature was that of preparing legislation aimed at relieving the problem, for consideration by the 1969 session. I am pleased that public interest in the state's problems is being awakened. These problems are, of course, of deep concern to the School of Medicine, for our principal objective as a state institution is to aid in their solution.

The need for increased health manpower in the state is critical, and expansion of the Uni-

versity's endeavors in the health field is the quickest, most economical way to bring relief. The UNC School of Medicine is the state's major source of physician manpower; given adequate resources and facilities, we have the potential for substantially increasing this manpower supply. Every citizen interested in North Carolina's health problems should support the University's programs, especially those involving the School of Medicine. Ours is the big role, the indispensable role.

The war in Vietnam is having a profound effect on the medical school, as it is on the nation as a whole. The development of needed new programs is being increasingly limited, and planning for the future is constricted. Medical students are still exempt from military service until they reach a stage in their training at which they can serve the nation as doctors; but the recent decision to draft other graduate students has grave implications. The nation's future potential for providing badly needed health manpower depends upon programs of graduate education to give us basic-science teachers for the future. A thoughtful person cannot escape deep concern. It is increasingly clear that the war will have long-term effects upon the quality of American life, far beyond those that are perceptible today.



Myrl Ebert

THE NEW HEALTH SCIENCES LIBRARY

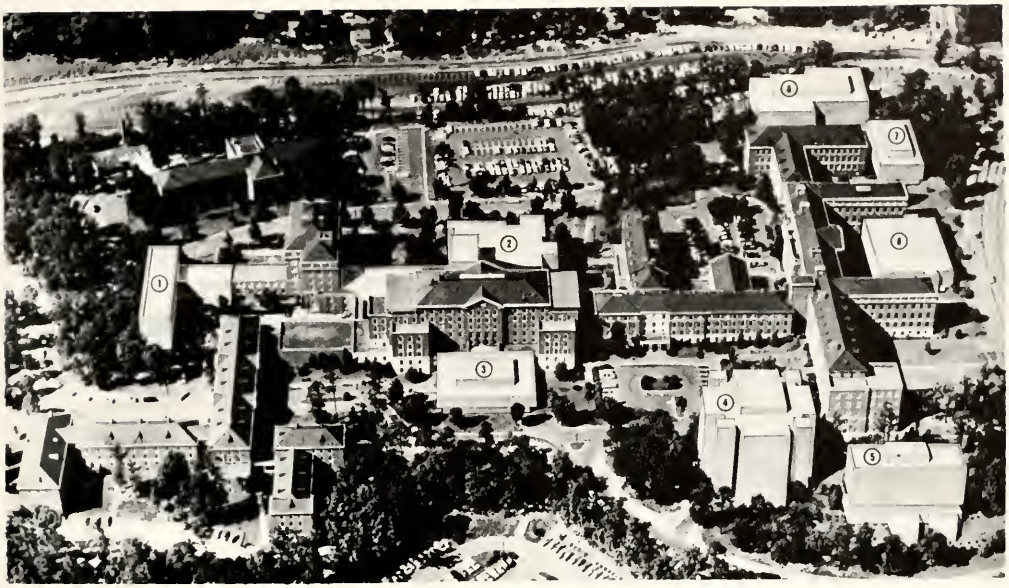
OF THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL

The March 1967 issue of this Bulletin carried a brief description of the physical layout of the new "Division of Health Affairs Library" building, which construction is now underway. Here we would like to tell of the "inner" library—what it will offer in the way of service and accommodations, something more of things to come.

When Carlyle said the "true University . . . is a collection of books" it is highly unlikely he had any idea to what extent said collections in today's universities brought problems of their own. Nor did he have the slightest notion of the astronomical growth of books since the end of the nineteenth century. Words are still the prevailing means of communication, McLuhan to the contrary, but the format has changed somewhat and modern libraries reflect the change and the problem. The new "collection of books" will represent cooperative efforts of several institutions, condensation of mediums—from page to filmstrip, to tapes, to micro-print—and use of contemporary technologies to store and retrieve the aforementioned purveyors of information.

The soon-to-be Health Sciences Library, nee Division of Health Affairs Library, will demonstrate in a small way all these changes. Beginning in September 1952, using as a foundation a splended basic science collection of the earlier two-year School of Medicine, the biomedical center library grew from approximately 20,000 volumes to over 112,000 volumes in fifteen years. It's primary goal and "raison d'etre"—a service unit of the five professional Schools of Medicine, Dentistry, Public Health, Pharmacy, Nursing, and teaching hospitals. The early years of struggle repeat the plague of present day libraries— too little space for a too rapidly growing flood of publications, a trying time of keeping abreast with needs of developing programs with all too little funds. Outlying facilities were incorporated to ease the pain. A Nursing branch was established immediately in the School of Nursing, additional, far-flung Reading Rooms initiated and abandoned, a small branch in the Pharmacy School was enlarged in their new building, and storage of lesser-used material placed in the "attic" of the Hospital, then to the basement of the L. R. Wilson Library, now in the basement of the new School of Public Health. All this scattering of collections naturally handicaps service, but there was no other way. The realization of corrective *need* soon grew to a sense of desperation, and actually planning of the new library began in earnest about 1957. The trials and tribulations of "program" design, the seeking of construction funds, are all too well known. The end result will take form shortly, hopefully to be completed by the early part of 1970.

The new facility will be located in the "court" directly in front of the McNider Building, the School of Medicine. Within limitations posed by availability of monies and ground space, the new library will offer considerable improvement in "readers-space" but not a lot more "book space" at the onset. Planned to rise in three stages, the first stage will be in three floors, with provision for an additional two-three floors later as further financing is forthcoming. One floor (excluding a sub-basement for mechanical installations) will be below ground, two floors above. This location will place it centrally, to all educational, most research activities within the bio-medical complex. This first stage, in 45,000 square feet, provides seats for approximately 519 readers, and 144,000 volumes. Ultimately, the six-floored building of



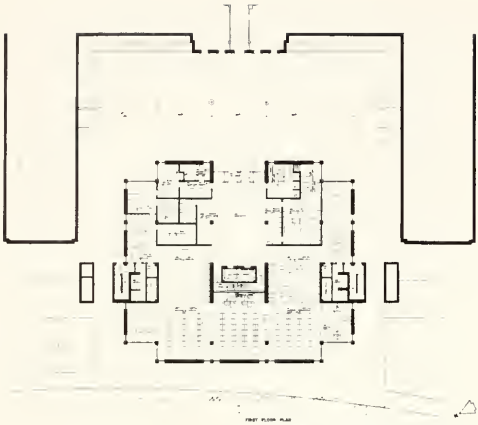
Construction projects under way or to be started in the near future at UNC Medical Center: (1) Child Development Center; (2) Ambulant patient facilities; (3) Surgical suites and physical therapy; (4) Basic sciences facilities; (5) School of Nursing; (6) Health Sciences Library; (7) Dental Research Wing; (8) Dental education facilities.

90,000 square feet will contain over 900 seats and 350,000 volumes.

The entrance to the Health Sciences Library is on the east side of the building, facing the central entrance to the medical school. Access to the main floor of the library is here, where all the traditional public services can be found easily. To the right, inside the door, is the Circulation Department. Materials can be picked up, charged in or out, and general information on location of materials can be obtained. The library's administration offices are nearby. On the left-hand side is the public catalog, with technical processing departments behind, convenient but unobstrusive—and the audiovisual materials room just beyond. Special carrels for listening to tapes, viewing films, and using "teaching machines" are here. The west side of this floor is divided between the Current Periodicals and Reference sections, manned by trained reference librarians for readers' assistance. Carrels are dispersed throughout, reference and indexes tables are specially designed for efficient consultations, and other aids to bibliographic searching— microprint readers, soundproof typing carrels, TWX, photocopiers—are also here. In the southwest corner is located a Browsing Room where a paramedical reading collection, newspapers and leisurely reading materials and semi-lounge chairs will be available to ease the tensions of the day and provide some cultural stimulation.

The floor below houses book shelves, carrels again interspersed among the stacks, and other library staff offices. It is here where older, lesser used periodicals and monographs will be relegated, since it will be impossible to shelve collections on any one floor. A stairway, glass inclosed, and elevators, one now, another when total building is completed, provides vertical transportation.

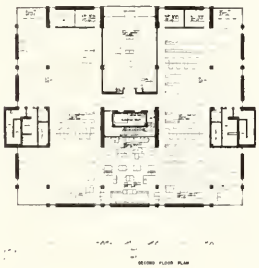
The second, or top floor contains, besides more stacks and carrels, the History of Medicine Room and Reserve Reading Area. It's unfortunate that the latter cannot be placed on the first floor, logically, near the Circulation Desk—but we can't have everything our way. This History of Medicine Room is designed to be something of a "show-place" accommodating not only scholarly items for historical research, our few rare books, and archival materials, but can be used comfortably for moderate-sized meetings, the Bullitt Medical History Club, and the like. Carpeting on the floor, attractive study tables, semi-lounge chairs, exhibit tables, a *balcony* with a view (?), and facilities for serving refreshments are included! Also on this floor are four conference rooms, with a blackboard, and tables and seats for six readers



DIVISION OF HEALTH AFFAIRS LIBRARY BUILDING

each,—to be used for group studying, small journal clubs, etc.

It is an unfortunate fact of life that library collections grow far faster than space can be allocated and program demands parallel the increase. To provide the service and materials needed for teaching, research, and patient care in a medical center today has become an almost insurmountable task. Even the prospect of a new building does not remove the space spectre entirely. Cooperation has always been the keystone of Library philosophy but more talked about than practiced in the past. Opportunities for effective cooperation among libraries have been limited. Now, with new techniques the old-time interlibrary loan—the bulk of library interchange—has been speeded up, enhanced, expedited beyond the dreams of twenty years ago. Informational aids via computer and copier are commonplace today, and this is only a bare beginning. For examples: all three medical school libraries in North Carolina contain teletype service by which requests for literature or answers to questions can be transmitted swiftly. A short time ago the two medical school libraries in Kentucky and the two in Virginia joined in what we call the "VINCKY Group". With the sharing of information comes the agreement to give free photocopy in lieu of loans, priority in processing requests—the sharing of materials. Besides this rapid interlibrary loan service the three medical school libraries in North Carolina have gone a step further since proximity proves an advantage. Plans include a cooperative acquisitions program whereby materials will be shared among us and costly duplication can be cut to a minimum. Responsibility for developing files along subject, national, and language line has been determined on a broad scale. Since the Health Sciences complex in Chapel Hill contains the only Schools of Public Health, Pharmacy, and Dentistry in the state it becomes the Health Sciences Library's responsibility to develop these subject areas in depth. Duke and Bowman Gray, too, have unique areas of interest and become accountable for their development. It is obvious there will be necessary duplication in some areas since all three schools have extensive educational and research programs in common. Already certain subject serials have been exchanged. Where Duke Medical Center Library has a long run of a periodical and the Health Sciences Library has scanty offerings we give up our file and depend on Duke for that title, thereby insuring one complete file available for all health personnel in the State. The action works both ways. We notify one another immediately upon ordering a serial so the others need not duplicate. By perusing *Current Contents* or any of the numerous indices to be found in all three libraries, articles can be located and then procured via TWX and Xerox in a matter of hours. Serial holdings are reported on computer tapes, constantly up-dated; new book acquisitions lists are exchanged. Once the serial collections have been properly divided and re-organized we will tackle cooperative monograph acquisitions—and a saving in time, effort, space and money will be experienced all around. The advent of data processing and the computer, with electronic communication devices for alerting have made all this possible.



DIVISION OF HEALTH AFFAIRS LIBRARY BUILDING

The new Health Sciences Library expects even greater advances in the near future. Whole copy can be transmitted via "long distance Xerography" and other such mediums; indexing and cataloging performed by amazingly rapid machines; stored information retrieval in the matter of seconds—but all this is still exorbitantly expensive at the moment. The new facility is providing space and power for whatever the brave new world will offer by the next decade, though precisely what form these library adjuncts will take is still a matter of conjecture.

THE UNIVERSITY'S ROLE IN CONTINUING MEDICAL EDUCATION

By C. Arden Miller, M.D.
Vice Chancellor
Health Sciences

At the beginning of this century pediatrics was just establishing itself as an academic discipline. It was dominated by concern with nutritional problems, and the science of artificial feeding held the attention of such pediatric leaders as Rotch in Boston and Holt in New York. These men were strong advocates of "percentage feeding" which, like psychoanalysis, was a concept of European origin that found greater favor in this country than in its place of birth. Perentage feeding provided various dilution formulas that modified the ratios of fat, protein, and carbohydrate in cow's milk. Different ratios were believed to be beneficial, not only to maintain optimum nutrition, but to correct a large variety of complaints and ailments in infants and young "fussy feeders." Medical students of that day were instructed elaborately, with the help of slide rules, and various mathematical formulae, on a staggering number of modified feeding preparations. One staunch advocate of percentage feeding established 579 different formula, each with its own set of indications, and very likely each with its own set of consequences to be observed in the diaper. Can you imagine the intensity with which medical students and practicing physicians of that day attempted to keep current with the complex requirements of nutritional science as demanded by the best academic pediatric practice of the time?

In years a trifle more recent, during my own days as a medical student, penicillin and other antibiotic and chemotherapeutic agents were finding extensive use in the hospital wards and clinics. Lobar pneumonia was treated successfully with as much as 3,000 units of penicillin administered by open intravenous drip every four hours; and some pilot trials suggested that penicillin might revolutionize the treatment of syphilis. At the same time the standard text books of medicine and pharmacology devoted as much as one quarter of their entire pages to various elaborate regimens for antiluetic therapy. Complicated schedules for administering toxic agents through almost every body orifice and by means of ointments rubbed into the skin were described in great detail. Each of the many manifestations of early and late syphilis required its own regimen and each regimen required extensive knowledge of toxic side effects and how to cope with them. Perceptive as medical students always are, we glossed lightly over these pages in the text book, praising God and modern medical science that we were spared the need for memorizing such an abundance of outmoded gospel.

These two examples of emphasis in medical education, drawn from history within the memory of some of us, illustrate several observations in medical education pertinent to our concerns today.

The first is recognition that an unidentifiable but probably substantial amount of our best teaching content, presented with dedication and enlightenment, and learned by students with a conscientious and sometimes slavish faith that professors will guide their efforts according to priorities of medical science and medical practice—that much of this teaching and learning effort will in a short time be outmoded, superseded by better understandings, and hopefully tolerantly regarded as a quaint kind of rubbish which clutters a constantly evolving medical science. In medical teaching of a given time we cannot really tell the pearls from the potholes, though we know they both are there. We also know that inspired and hard working students will follow faculty leadership in learning what we practice and what we emphasize to them as being important.

Surely the case need not be made again to establish the need for continuing education in the health professions. If such a case does need to be made, the illustrations already cited may help give it emphasis.

The second point: Even though universities have recognized for fifty years or more the need for continuing education we have done an insufficient job both in providing opportunties and in establishing professional attitudes which will guarantee that existing opportunities actually are exploited by busy practitioners. To my mind these attitudes can best be developed not by working exclusively with practitioners but with students who shortly will become practitioners. I know of no better way to give students this emphasis than to place continuing education as a high priority in the efforts of faculty members whom students are so eager to emulate. I believe staunchly that students can develop for themselves a high regard for continuing education if during their years as students they work in a setting where continuing education takes place as a busy and active program involving the same faculty members who carry major responsibility for undergraduate instruction. Medical students who, in the pursuit of their own learning responsibilities, are brought into frequent contact with returning practitioners who are continu-

ing their *own* education, will have emphasized to them in an effective way that educational opportunities and responsibilities are a continuing part of medical life.

Many of us believe that students learn a tremendous amount from each other. I submit that undergraduate medical students and practitioner students continuing their education, even on an intermittent basis, will learn a tremendous amount from each other, not only about medical and scientific content but about professional attitudes and commitment to learning as a continuing obligation.

The third point I wish to emphasize from the examples of infant feeding and antiluetic therapy is the belief that scientific advances simplify rather than complicate a field of study. Many of us live with the bias that things we don't understand, and science that we have not studied, must indeed be terribly complicated and difficult. I believe this is not true. The student who was required to memorize 579 different feeding formulas surely would have traded that task for today's understandings of nutritional requirements. We tend to teach, I believe, in more elaborate and confusing detail around our ignorance than around our wisdom. It is for this reason that continuing education should increasingly involve basic sciences. There is a tendency to believe that continuing education should be practical, that we should emphasize refresher how-to-do-it courses that have known pertinence to the responsibilities carried by professional people outside the teaching hospital.

That is only a part of the job and in many ways the least substantial part. Do universities not have a greater responsibility to continue the education of graduates in the sciences which form the basis for good and complete medical care? Our graduated students are the same people who once applied themselves with enthusiasm to the study of our best understandings of biochemistry, pharmacology and physiology. We underestimate these students if we do not believe that same interest continues, if we only would give it realistic opportunity. Revolutionary discoveries in genetics have pertinence not only to counciling on heritable disease but to treatment of infections. We believe that undergraduate medical students must have a scientific basis in genetics for their understandings of bacterial resistance and inborn errors of metabolism. An extension of that belief requires that medical graduates of some years ago acquire these same understandings. A university's greatest role in continuing education may be to help them achieve it.

A great many public and private agencies, professional societies and service organizations are properly and importantly involved in continuing education. The university's role cannot and should not be to displace these important involvements. We have unique contributions to make. One of them is in continuing the education of graduates on the scientific basis of medical practice. No agency other than the university can fill such a role. A medical faculty which examines carefully the content of its basic science courses today as compared with ten years ago might develop clues on the new scientific emphasis which would be valuable for the practitioner who completed his formal education a decade previously.

Great attention attaches to the university's role in providing the organization and techniques for continuing education. What is the effectiveness of short courses, of extended training periods, of affiliated educational centers at community colleges and hospitals, of circuit courses? How best to make use of new communication devices? These questions invite a variety of responses, a number of which can provide for effective education. But some basic considerations may be common to all answers that are constructive. These considerations are part of the most dramatic and the simplest description of continuing education I know. It was written a number of years ago by a non-physician. Surely no one can improve on the educational processes described by Mark Twain in *Life on the Mississippi.*

You will remember that the youthful Clemens achieves his consuming ambition to be a steamboatman and is apprenticed to Mr. Bixby, a river boat pilot. Mr. Bixby instructs Twain as follows: "My boy, you must get a little memorandum book; and everytime I tell you a thing put it down right away. There is only one way to be a pilot and that is to get this entire river by heart. You have to know it just like ABC."

"By the time we'd gone 700 or 800 miles up the river I had learned to be a tolerably, plucky upstream steersman in daylight; and before we reached St. Louis I had made a trifle of progress in night work, but only a trifle. I had a notebook that fairly bristled with the names of towns, points, bars, islands, bends, reaches, etc.; but the information was to be found only in the notebook—none of it was in my head. It made my heart ache to think that I had only got half of the river set down; for as our watch was four hours off and four on, day and night, there was a long hour gap in my book for every time I had slept since the voyage began."

Then on the return trip: "When I returned to the pilot house St. Louis was gone, and I was lost. Here was a piece of river which was all down in my book, but I could make neither head nor tail of it. You understand it was turned around. I had seen it when coming upstream but I had never faced about to see how it looked when it was behind me. My heart broke again for it was plain that I had got to learn this troublesome river both ways."

Not only must he learn it both ways and for the times when he slept, but under other circumstances as well.

"At the end of what seemed a tedious while, I had managed to pack my head full of islands, towns, bars, points and bends; and a curiously inanimate mass of lumber it was, too. However, inasmuch as I could shut my eyes and reel off a good long string of these names without leaving out more than ten miles of river in every fifty, I began to feel that I could take a boat down to New Orleans if I could make her skip those little gaps. But of course my complacency could hardly get start enough to lift my nose a trifle into the air, before Mr. Bixby would think of something to fetch it down again. One day he turned on me suddenly with his settler: 'What is the shape of Walnut Bend?'

"He might as well have asked me my grandmother's opinion of protoplasm. I reflected respectfully and then said I didn't know it had any particular shape. My gunpowdery chief went off with a bang, of course, and then went on loading and firing until he was out of adjectives.

"By and by he said: 'My boy you've got to know the *shape* of the river perfectly. It is all there is left to steer by on a very dark night. Everything else is blotted out and gone. But mind you, it hasn't the same shape in the night that it has in the daytime.'

"'How on earth am I going to learn it then?'

"'How do you follow a hall at home in the dark? Because you know the shape of it. You can't *see* it.'

"'Do you mean to say I got to know all the million trifling variations of shape in the banks of this interminable river as well as I know the shape of the front hall at home?'

"'On my honor you've got to know them better than any man ever did know the shapes of the halls in his own house.'

"'I wish I was dead.'

"'Now I don't want to discourage you but—'

"'Well, pile it on me; I may as well have it now as another time.'

"'You see, this is got to be *learned*; there isn't any getting around it. A clear starlight night throws such heavy shadows that if you didn't know the shape of the shore perfectly, you would claw away from every bunch of timber, because you would take the black shadow of it for a solid cape; and you see, you would be getting scared to death every fifteen minutes by the watch. You would be fifty yards from shore all the time when you ought to be within fifty feet of it. You can't see a snag in one of those shadows but you know exactly where it is, and the shape of the river tells you when you are coming to it. Then there's your pitch-dark night; the river is a very different shape in a pitch-dark night from what it is on a starlight night. All shores seem to be straight lines, then, and mighty dim ones, too; and you'd *run* them straight lines, only you know better. You boldly drive your boat right into what seems to be a solid, straight wall (you knowing very well in reality there is a curve there), and that wall falls back and makes way for you. Then there's your gray mist. You take a night when there's one of these grisly, drizzly, gray mists, and then there isn't *any* particular shape to a shore. A gray mist would tangle the head of the oldest man that ever lived. Well, then, different kinds of *moonlight* change the shape of the river in different ways. You see—.'

"'Oh, don't say any more, please! Have I got to learn the shape of the river according to all these five hundred thousand different ways? If I tried to carry all that cargo in my head it would make me stoop shouldered.'

"'No! You only learn *the* shape of the river; and you learn it with such absolute certainty that you can always tell by the shape that's *in your head*, and never mind the one that's before your eyes.

"'Very well, I'll try it; but, after I've learned it, can I depend on it? Will it keep the same form and not go fooling around?'

"Before Mr. Bixby could answer Mr. W. came in to take the watch and he said:

"'Bixby, you'll have to look out for President's Island, and all that country clear way up above the Old Hen and Chickens. The banks are caving and the shape of the shore's changing like everything. Why, you wouldn't know the point above Forty. You can go inside the Old Sycamore Snag, now.'

"So that question was answered. Here were leagues of shore changing shape. My spirits were down in the mud again. Two things seemed pretty apparent to me. One was, that in order to be a pilot a man had got to learn more than any one man ought to be allowed to know; and the other was, that he must learn it all over again in a different way every twenty-four hours.

"A pilot must have a memory; but there are two higher qualities which he must also have. He must have good and quick judgment and decision, and a cool, calm courage that no peril can shake. Give a man the merest trifle of pluck to start with, and by the time he has become a pilot he cannot be unmanned by any danger a steamboat can get into; but one cannot quite say the same thing for judgment. Judgment is a matter of brains, and a man must *start* with a good stock of that article or he will never succeed as a pilot."

Here is an educational process not unlike that with which we are engaged: a vast and constantly changing body of knowledge, best learned from a master, and contantly tested by performance.

Taking some liberties from Mark Twain's superb description and perhaps taking even greater liberties with the work of such excellent preceptors at the University of Kansas as Dr. Jesse Rising and Dr. Mahlon Delp, I would like to describe what appear to me to be important bench marks for the university's role in continuing education.

1. The firm basis of medical education both at the undergraduate and postgraduate levels rests on involving students in what the faculty is doing. We teach best around those things that we actually do. We make a mistake when we attempt to instruct practitioners about what we believe *they* ought to be doing, if in fact we are not doing it ourselves. Practitioners know the practice of medicine far better than we. But there are some things they need from us. I have already emphasized the important role that universities can play in continuing education in the basic sciences. Our clinical emphasis tends to be diagnostic, curative, and episodic short term care. These perspectives, too, can form the basis of a successful, but limited, program of continuing education. The practitioner is faced with other requirements. How can he participate in, or more likely develop, medical care which is comprehensive, continuous and readily available? He does not learn much of this either as an undergraduate, as a house officer, or in programs of continuation education. If we are to assist practitioners in providing ways by which medical care can be both continuous and comprehensive then we need to be involved in such efforts. We need to expand our own clinical roles, which form the basis of clinical instruction. The great failing of medical schools during the past twenty years to prepare primary physicians, or family practitioners, may well be that we have been asked to undertake an assignment we can't fulfill because we don't do it. In continuing education, as at the undergraduate level, I think we must teach around what we *are* doing. If that is not adequate, then we must expand the basis of performance, and I urge that we do it with particular reference to primary and community medical services.

2. From my own experience, one of the most impressive aspects of continuing medical education has been the personal contact between faculty and practitioners. Various well established and new electronic devices for transmittal of information, and for instant communications, have an obviously important role in continuing medical education. Others can speak to this role far better than I. I can give testimony to the important benefits of face to face contact between practitioners and a faculty. This contact can take place effectively not only at the university medical center, but at educational centers placed strategically throughout the state for regularly scheduled visits, seminars, conferences and lectures. With such mechanisms I have seen develop a warm and mutually supportive relationship that has been envied by other medical schools. I have also seen practitioners become sympathetic and knowledgeable about the aspirations and problems of the university medical center. I have seen a faculty respond sensitively with constructive programs centered around the needs of the practitioner and the community. No matter how expert the telephone linkages, the television, and the computer transmittal of information, I see these devices as supplementing the strong basic ingredient of successful educational processes, whether at the undergraduate or the continuing professional level: personal respect and contact between teacher and student. In continuing education, as well as within the university, these roles may be reversed, as all participants learn from the experiences of others.

At Kansas personal contact was further enriched by a meeting at least annually, and sometimes more frequently, between university representatives and representatives of the state medical society who served on a standing committee to assist in reviewing and planning for programs of continuing medical education. This day long exchange of views provided no instances in my memory of destructive interference, but a great many instances of helpful support. The effort was more than a gesture. It was a sincere endeavor by the university, as well as by the practicing profession, to plan and work conjointly.

Personal contact between the university and the practitioners was further facilitated in Kansas by the extensive use of field representatives. Bright, well groomed young men, thoroughly knowledgeable about the university's programs in continuing education, toured the state constantly, calling on every practitioner and every hospital to review the pending schedule of programs. If at the same time the field repre-

sentatives helped interpret the policies and practices of the university, and win support for its aspirations, no great harm was done. From these efforts two-thirds of all physicians in that state participated in some form of continuing education during the same period of time when only 15% of practicing physicians in other part of the country, were involved.

3. Successful models exist in many universities for continuation education that is based on episodic short courses. For many years leaders in the field have emphasized the importance of extended traineeships for practitioners who can be releived in some fashion from their day to day service responsibilities in order that they may return for periods of intensive training lasting from several weeks to many months. There are obvious problems associated with such training programs, and the problems relate to financial support and, to coverage of service responsibilities during the periods of absence. These problems show some promise of solution through models being established at a number of medical centers. But there is another aspect of the problem to which universities should address themselves. Our postgraduate training programs tend to be so rigidly conforming to the requirements of outside accrediting agencies that the incorporation of trainees for short periods of time, not necessarily designed for board certification, does not fit easily into our schedules. We need to modify postdoctoral training and schedules better to accommodate the individually designed programs of practitioners who are able to return for extended training periods. Conceivably these opportunities will be easier at affiliated centers in community hospitals that are staffed with full time faculty members aided from the university. With support from the regional medical program, such centers as Great Bend in Kansas and the Moses Cone Hospital in North Carolina promise new and significant opportunities for such training programs. But clearly they cannot be established without participation, and perhaps guidance, from the university.

4. Within universities some of the most stimulating new academic endeavors relate, not to traditional departmental and disciplinary emphasis, but to problem oriented programs of a multidisciplinary nature. Outstanding examples at the University of North Carolina are the Population Center and the Child Development Center. As we move increasingly into programs of service and study that require simultaneous multidisciplinary involvements we should provide opportunities in continuation education which also are multidisciplinary. Universities tend to prepare students to work in settings completely dominated by their own disciplines. Yet somehow we expect these students to leave the university, to enter communities, and to link arms with professionals from many other disciplines in order to render services of a complex and comprehensive nature, no longer within the competence of a single broadly trained person. I hope that in continuing education we do not perpetuate the single profession concept. We will hear more today about the regional medical programs, which provide magnificent opportunities for the simultaneous training of nurses, physicians, social workers and others involved with different facets of the same problems. Universities have a unique responsibility to assist former graduates in establishing new kinds of interprofessional relationships. This can be done through continuing education programs, as described beautifully in a recent report from the University of Illinois.

5. The case was made earlier in these comments that a great many agencies and societies are quite appropriately and significantly involved in continuing education. Universities will not necessarily make their greatest contribution by staking out an area for exclusive involvement. We do, however, have a special responsibility for innovations and breaks from tradition, which agencies that are less well staffed can do less easily. The models and demonstrations and collaborative arrangements worked out by and through universities should set new standards, not only in the extent of the programs, but in their capacity to introduce new styles and mechanisms of education. Universities have this responsobility even against the disclaimer that facilities are scarce and that money is too seldom provided specifically for continuing education. It is true that new mechanisms of funding increasingly are available. It is also true that a number of universities many years ago accepted a commitment to establish extensive programs in continuing education even without special facilities and even without substantial support. There are few educational endeavors which show greater promise of being self-supporting and for which more abundant sources of funding are available for institutions willing to exercise initiative and enterprise. This is another instance in which structure follows functions. Universities must better demonstrate these functions before all the desirable structures can be provided.

In closing I am reminded of a story about a man who was sauntering through his village in company with a close friend. They stopped for a beer, admired the sunny weather, and chatted about the passing interests of the day. In the midst of these pleasantries a funeral cortege came down the street. One of the gentlemen stopped, brought himself to attention, turned to face the procession and rested his hat over his heart in a moment of silent reverence. His friend looked at him with astonishment and new respect. Why, he said, I had no idea you had such reverence for the dead. His friend responded, "Yes, indeed I have. As a matter of fact we would have been married 37 years next Tuesday."

The relationship between universities and continuing education has at times seemed almost as callous. It has matured to a venerable age, but has it really grown and become a part of those things which are important to us? I am not sure that it yet has. The university's greatest role of all, may be to accept a degree of commitment for continuing education, which no other agency has previously demonstrated, and which probably no other can.

Joseph Lister — Surgeon and Epidemiologist

The Impact of His Work a Century Later

By Gordon T. Stewart, M.D.
Professor of Epidemiology and Pathology

Because of the successful transplantation of a human heart, the year 1967 will be remembered in surgical history as one of extraordinary technical achievement. It is also the centenary year of another series of achievements which, from 1867 onward, made possible the first steps toward the surgical proficiency of the present dav. In this year, 1867, Joseph Lister published in the *Lancet* the first of a series of papers describing how surgery without sepsis was both practicable and desirable: Viewpoints which, in his day, were much more controversial to his colleagues than the practicability or ethic of cardiac transplantation seem to be today.

As with all great discoveries, Lister's findings uncovered not only a salient fact but also a new line of thought and procedure. The fact was quite simple and, in retrospect, fairly obvious: that micro-organisms transplantable from various sources into damaged tissue could cause further damage by their multiplication. The new thought was—and is—that such transplantation need not be accepted as either desirable or inevitable. The new procedure was a series of equally simple steps designed to remove dead or badly damaged tissue and minimize contamination of tissue by transfer of organisms. Simple as these steps were, they are still the basis of aseptic and antiseptic (post-Listerian) surgery, without which insertion of one suture, to say nothing of a whole heart, would be quite often a risky procedure. To describe Lister's achievement in these words in 1967 seems trite, almost absurd. Yet, in 1867, th same simple statements, inscribed with more detail in his own elegant but lucid prose, were unacceptable for many years to the majority of surgeons. Because of the inalienable right of surgeons to do as they please with patients, he was able to practice what he preached but, for some years, few others followed his example. A young surgeon, following Lester's example in London ten years later, would probably have incurred more criticism and displeasure for practicing aseptic surgery than a surgeon today who ignored it. This attitude, of course, is not as ridiculous as it might seem. In any established profession, traditional attitudes and practices must be respected and revolution eschewed. Even sepsis had its approved place in the scheme of things. Pus was described as "Laudable," presumably because its appearance indicated that the patient possessed sufficient vitality to produce it. Lister's expressed view that pus was neither laudable nor necessary ranked as heresy, and his proposals were tantamount to malpractice. But, heresy or not, it was published, freely and forcibly, and the truth emerged as it always does when there is freedom of expression.

Lister's findings and recommendations were original, but his thinking was influenced, as he freely admitted, by Pasteur's discovery that bacteria could multiply in and alter organic matter and living tissue. The originality of Lister's contribution was his recognition that a similar process accounted for failure of healing in wounds, burns and other lesions; and, furthermore, that the animate and inanimate sources of bacterial infection could be recognized and neutralized. Carbolic acid, the first antiseptic aerosol, was important less as a bactericidal agent than as a convincing symbol that a policy of action against evil had been initiated: it was the Holy Water of Surgery and, in Glasgow Royal Infirmary where it was first used as such by Lister, it probably still is: at least, it was when the writer served there as a resident 25 years ago.

The discovery that bacteria could cause sepsis was so manifestly true that even the traditionalists had to accept it and Lister's work therefore found recognition in many important centers of surgery—in Edinburgh, where he was awarded an honorary

degree at the same time as Louis Pasteur, in Berlin where he was lauded along with Robert Koch, and elsewhere. The practice of antiseptic, then of aseptic surgery was founded and became the keystone which thereafter supported the whole structure of planned surgery. Behind this main discovery, however, lay another more disquieting observation, equally relevant to modern surgery (and medicine) but less well honored. This was the finding that wound infection was often acquired in hospital. In Lister's day, infection of clean wounds was the rule, not the exception, and was the main limitation upon elective surgery, since anaesthesia had been in use since 1847.

The idea that contagion was responsible for sepsis in hospital was not new, having been suggested by Malouin in France, White in England and Gordon in Scotland during the 18th century. In 1843, Oliver Wendell Holmes drew attention to the contagiousness of puerperal fever and in 1847-49 Semelweiss, amid opposition which amounted almost to persecution from the obstetric establishment in Vienna, propounded and proved his thesis that a transmissible "blood poisoning" accounted for the high attack rate and mortality of puerperal fever in the notorious obstetric ward of the Allgemeines Krankenhaus in Vienna. He obtained sanctuary in Budapest, where he wrote his treatise on "The Cause, Concept and Prophylaxis of Puerperal Fever" in 1855. Curiously enough, the connection between puerperal and surgical sepsis was not perceived, even by Lister, though when Semelweiss's work was drawn to his attention, years later, Lister publicly acknowledged Semelweiss as the original discoverer of surgical sepsis.

Not least among the benefits of scientific thought in medicine and surgery is the lessening of dogma and prejudice. Persecution and violent controversy are today extremely uncommon in medical circles. No one would doubt that this change in attitude is a blessing, but it is not an unmixed one: the pendulum has swung to the other extreme, so much so that enterprise is often uninhibited with the result that, in the words of Dr. Werner Forssman (1968), the "Supreme commandment of surgery, *nil nocere* (harm nothing)" tends at times to be overlooked. Hospital infection is still with us and is often a direct consequence of medical and surgical procedures. Where statistics are available, the incidence is usually disquieting but at least the problem is being noticed; where statistics are not available, hospital infection is being patently ignored. The causes of hospital infection are therefore due to attitudes no less than to bacteria and practically everyone who has worked energetically in this problem area from Semelweiss onward has found that attitudes are the main determinants, often more difficult to eliminate than pyogenic bacteria. At the one extreme is the indifference of medical, nursing and administrative staff to clinical complications which, as in Lister's day, are often regarded as inevitable; at the other extreme are adventurous surgery and various forms of cliff-edge therapy where the motive is experimental as well as therapeutic. Since antibiotic therapy has extinguished many traditional pathogens, like streptococci and *clostridia*, the problem of wound infection today is complicated by the emergence of unfamiliar pathogens in novel situations.

If the real lesson of Lister's work is to be remembered while its centenary is being celebrated, our target should be the elimination of hospital infection. This necessitated a study, not only of medical, surgical and microbiological factors, but also of human factors, notably attitudes and conventional practices. In the North Carolina Memorial Hospital, a bold move toward this end has been made by the appointment in 1967 of a Hospital Epidemiologist, Dr. John G. Craddock, who is one of the few physicians to hold a full-time post with this designation in any hospital anywhere. This appointment, with its supporting facilities and free access to all services, has been made possible only by cordial and far-sighted cooperation between the surgical, medical, nursing and administrative departments of the hospital. In honoring Joseph Lister, for his work in Glasgow in 1867, we can therefore in this Bulletin take note of the fact that in our hospital in 1967 his importance as the first surgical epidemiologist has been effectively commemorated.

John B. Graham, M.D.

Professor of Pathology

SOME GLIMPSES OF W. REECE BERRYHILL

Something funny happend to me on the way to Duke Medical School. I ran into Reece Berryhill and never got there.

I was a senior at Davidson in 1938. It never occurred to me to apply to the two-year UNC Medical School although many of my kin were alumni of the University. Duke was, far-and-away, the biggest thing in the Southeast in those days. Opened eight years earlier, it had everything—new buildings, Yankee faculty, and keen students.

One of my friends in Goldsboro was a rabid UNC alumnus who was a first year medical student in Chapel Hill. Joe was determined that I not attend Duke. He used every argument he could think of to change my course. He implied, that while I was only regarded as somewhat strange by the collection of red-hot UNC alumni in my large family for going to Davidson, that to go to Duke would be regarded by them as a betrayal so *heinous* as to make the acts of Brutus and Benedict Arnold seem like those of altar boys. One can take only so much of this kind of treatment for so long. I caved in early in August and agreed to allow him to arrange an interview at Chapel Hill.

Joe and I drove from Goldsboro to Chapel Hill to be interviewed by his good friend, the Dean. The Dean (he was really Assistant Dean) was also Director of the Student Health Service, then housed in Abernethy Hall. It was there that I met Walter Reece Berryhill for the first time.

My impression, formed then, has changed very little since. I met a large, courteous but almost impassive, man of high intelligence, strong will, and complete integrity. He listened to Joe's presentation, asked one of two questions about my academic record and said that I would hear from him soon. He was as good as his word and notified me of my acceptance by telegram on August 15th.

This first interview was a paradigm of my subsequent relations with Dr. Berryhill. He has always been accessible. His dignity has not invited casual banter, but neither has it ever deflected one from discussing a matter of importance. He has always listened courteously and given completely candid advice. One learned early that he usually took a decision straight away, almost never reversed himself, and that action growing out of the decision could be depended upon. My admiration for his mental calculus is even greater today than it was when I was younger. He made mistakes but his batting average was very high and he made decision-taking seem effortless.

Dr. MacNider was Dean while I was a student, but Dr. Berryhill administered the School, ran the Infirmary and taught Physical Diagnosis. His large fingers are the only one I have ever seen percussing the "right border of dullness" of the heart which really revealed this border to the skeptical student.

I shall never forget my feelings on the last day I spent as a student in Chapel Hill. It was late spring in 1940 and the Germans were overrunning France; exams were over; I was headed for home and the beach and then to New York in the fall. Just as I

Dr. W. Reece Berryhill has been appointed as the Medical School's first Sarah Graham Kenan Professor. Dr. Berryhill has been uniquely influential in the lives of many of those who have received their medical education at Chapel Hill. One such person is Dr. John B. Graham, Alumni Distinguished Professor of Pathology at UNC. Dr. Graham was invited to record some of his personal impressions of Dr. Berryhill, which we print in recognition of this latest honor conferred on our Dean Emeritus.

was leaving Whitehead dormitory, someone said that Dr. Berryhill wanted to see me. My heart sank. What had I done?

What I had done, it appeared, was to communicate to Dr. Berryhill that I might be as candid as he, at least on the day of my departure. He wanted to know my opinion of the School and its program. This was a nice open-ended question which I continued answering in installments at intervals for the next 24 years. The odd thing has been his willingness to listen, even though my opinions have not always been calculated to make sleeping earier for him.

Dr. Berryhill is, and I expect always has been and will be, a man of strong conviction, but he plays the game by the rules. The name of the game is the general welfare of the University, and the rules are that the play is hard and fast but cards are dealt face-up. Opposition is faced and an opponent is given the opportunity to change. If an opponent persists in error, he can expect a battle, but it will be clean.

I shall always remember the first time we clashed. I was the only instructor on the medical faculty in those days and my *sangfroid* was based upon a recent increase in annual salary from $3600 to $4000. I was a member of the Admissions Committee, of which he acted as Chairman. We disagreed about the admission of a student. He felt strongly that the student should be rejected; the majority of the Committee felt strongly that the student should be admitted, and we beat him 3 to 2. He was pretty mad, but we held our ground. He was big enough not to overturn the vote, which he had the right to do, and strong enough not to feign illness later when he was asked to present the MacNider award to the man at Student-Faculty Day.

I often wonder whether the most important of Dr. Berryhill's outstanding qualities is not his ability to choose effective associates. The best evidence of his good judgment was his choice of a wife. Mrs. Berryhill's dedication to the University equalled if not surpassed Dr. Berryhill's. Newcomers to the faculty of our School during his deanship owe a debt to both Dr. and Mrs. Berryhill which they will never repay. No one in the University has ever gone to greater lengths to assure that new faculty families were welcomed into the community. Mrs. Berryhill, in particular, drove herself unmercifully to help the newcomers when the clinical faculty began arriving in the early fifties.

Now, Dr. Berryhill has been awarded the first Sarah Graham Kenan Professorship in the School of Medicine. No one deserves this distinction more than the man about whom the faculty committee asked in 1940 to recommend a Dean for the Medical School said: "If the University is serious about the possibility of establishing a four-year Medical School, Dr. Berryhill is the person best fitted to become Dean."

I feel honored that the editors have allowed me to reminisce about my long association with a man whom I respect so much and who has had such a profound effect on my own life.

IN MEMORIAM

Charles Hoyt Burnett
1913-1967

Charles Hoyt Burnett was born in Boulder, Colorado March 7, 1913 and died in Chapel Hill, North Carolina October 23, 1967. He was graduated from the University of Colorado with the A.B. Degree in 1934 and from its School of Medicine with the M.D. Degree in 1937.

During the next decade, he served in succession as Assistant Resident in Pathology at the Presbyterian Hospital, New York City, as Intern on the Fourth (Harvard) Medical Service at the Boston City Hospital, and as Assistant Resident and Chief Resident in Medicine at the Massachusetts General Hospital and

with the Army Medical Corps in the Mediterranean Theater of Operations (1942-45).

In 1947, Dr. Burnett joined Dr. Chester Keefer's Department of Medicine at the Boston University School of Medicine where he was a member of the staff of the Evans Memorial and Massachusetts Memorial Hospitals. Here his ability and interest in clinical investigation, as manifested by significant contributions to the knowledge of disturbed renal physiology, problems of fluid balance and various clinical metabolic disorders became widely recognized. Of equal importance for his future career, and in keeping with the traditions of the two medical services on which he had spent his graduate training, he was a superb clinician and teacher.

In 1951 he became the first Professor and Chairman of the Department of Medicine in the expanding School of Medicine at the University of North Carolina at Chapel Hill, after having served for a brief period in a similar capacity at the Southwestern Medical School of the University of Texas at Dallas.

Dr. Burnett made his greatest contributions to medicine in this responsible position for fourteen years—until an increasingly severe chronic illness forced his resignation as Chairman in 1965. One of the very strong departments of medicine in this country was developed under his dynamic leadership with the assistance of a group of faculty attracted from other medical schools but including also a superior and devoted nucleus of former University of North Carolina medical students and of former residents in medicine.

With the other able chairmen of the newly-established clinical departments and those of the existing basic science departments in the long established two year school, Dr. Burnett played a vital and lasting role in establishing high standards in the teaching of medical students, house staff and fellows, in the care of patients, in sound investigation and in planning for future goals, all of which have contributed to the prestige of this medical center. He was chieflly responsible for developing the mixed medicine and pediatric internship and residency as a sound basis for the graduate training for the family physician of the future. He was keenly interested in the many problems of patient care within the University hospital, but his interest extended far beyond his own institution—to hospital problems relating to teaching, staffing, and improving the quality of medical care throughout North Carolina.

While the continued strengthening of the Department of Medicine, the entire Medical School and the North Carolina Memorial Hospital was his major interest and effort, he contributed significantly in many national medical activities. He was a member of the Advisory Committee for Biology in Medicine of the Atomic Energy Commission, a consultant to the Atomic Energy Commission, and to the Advisory Committee on Diabetes and Metabolic Disease Training Grants of the NIH; the Chairman of the Section on Experimental Medicine and Therapeutics of the AMA; and a member of the National Arthritis and Metabolic Diseases Council. In addition, he was a member of the Editorial Board of the *American Journal of Medicine* and of the *New England Journal of Medicine.*

Dr. Burnett was a fellow of the American College of Physicians, and a member of the Association of American Physicians, the American Medical Association, the American Society for Clinical Investigation (Emeritus), the American Society for Clinical Research, the Southern Society for Clinical Research, Alpha Omega Alpha, Society of the Sigma Xi and the North Carolina State Medical Society.

After his resignation as Chairman, he continued on a part-time basis as Professor in the Department of Medicine and served as chief consultant for research to Richardson-Merrill, Inc. He was tremendously interested in the objectives and the opportunities which the recently-established Division of Education and Research in Community Medical Care in the School of Medicine presented and had planned to join this group and to become engaged actively in the problems of community medical care.

Dr. Burnett was a superb leader. His courage—moral and physical—was almost beyond comprehension. His scientific achievements have fixed his name in the chronicles of medicine. His wisdom and knowledge of people and their problems have fixed his image in the minds and hearts of all those who knew and loved him. His standard of perfection and excellence exemplified his ideals; ideals that are not a legend but a legacy for the many to whom he pointed the pathways of his profession.

W. Reece Berryhill, M.D.

Edgar Jerome (Jerry) Hocutt '65
1939-1967

There are the facts of Jerry's life, and these may soon be forgotten, but there was a man, Jerry Hocutt, whom we will not forget. What will we remember? We will remember that he was kind. We will remember that he was unselfish. We will remember his graciousness, politeness, friendliness, and his alertness, keen intelligence, fierce integrity, and good sense of humor. Above all, here was a person who was devoted. He was devoted to his wife and children, to his friends, to science, and to service to his generation.

Jerry was born in Bladen County, April 22, 1939, the son of Mr. Edgar Jerome Hocutt and Mrs. Mary Cromartie Hocutt. He was the nephew of Dr. William J. Cromartie of our faculty and the grandson of the late Dr. R. S. Cromartie of Elizabethtown.

He moved to Chapel Hill from Greensboro in 1955 and graduated from Chapel Hill High School in 1957. While in high school, he played on the basketball team, was a member of the National Honor Society, and served as President of the Student Body.

Jerry attended the University of North Carolina at Chapel Hill from 1957-61 and graduated with a B.A. in English. As a freshman, he was a member of Phi Eta Sigma National Freshman Honor Society and received the Freshman Merit Award for excellence in scholarship and an award from the Order

of the Grail for the highest scholastic average among freshman self-help students. Later he served as a cabinet member in the Y.M.C.A. and as a committee chairman in the Westminster Fellowship. Jerry was secretary of Alpha Epsilon Delta, the National Premedical Honor Society, in his junior year and president in his senior year. He worked in Bacteriology in his junior year with Dr. Straughn and in his senior year in Pathology with Dr. Brinkhous. In his senior year, he was elected to Phi Beta Kappa.

Jerry entered medical school here in 1961. He won the Mosby Book Award for academic excellence in his second year. As a junior, he served as Secretary to the Whitehead Society and was elected to Alpha Omega Alpha. In his senior year, he was given the Roche Award—"To an outstanding student with the qualities most desirable in a physician."

After a year's internship in medicine and a year's residency in medicine both at Barnes Hospital, St. Louis, Missouri, Jerry began in July, 1967 his military service at the Medical Branch of the Leukemia Service of the National Institutes of Health at Bethesda, Maryland. He had an appointment to the Thorndike Laboratories at Harvard for 1969. He died in Washington on November 7, 1967.

Jerry is survived by his wife, Maxine Lee Hocutt, his daughters, Jennifer Lee and Lorraine Elizabeth, and his mother Mrs. Mary Hocutt.

A Dr. Jerry Hocutt Memorial Fund has been established by Jerry's classmates, colleagues, and his numerous friends. The fund will be used to obtain a collection of rare classical medical books of lasting value for the Medical School Library.

Robert H. Wagner, Ph.D.

NEWS FROM THE HILL

Rodman, Haughton Receive Awards

Two members of the UNC School of Medicine Faculty have recently been selected by the U. S. Public Health Service as recipients of the coveted Research Career Development Award. These awards guarantee full salary support for a five year period and permit the recipients to spend up to 85% of their time in investigative activity.

The National Heart Institute has made such an award to Dr. Nathaniel S. Rodman, Jr., a native of Norfolk, Virginia and a member of the medical faculty here since 1958. Dr. Rodman received his Pathology training at NCMH after having attended the

Dr. Rodman

Dr. Haughton

Massachusetts Institute of Technology, Princeton University, and the University of Pennsylvania where he received his M.D. degree. During the last ten years he has been a member of the Department of Pathology, has established the electron microscopic laboratory for this department and has made major contributions to our knowledge of the role of blood platelets in coagulation, clot retraction and hemostasis. He is currently an Associate Professor of Pathology, is married to Martha S. Rodman and is the father of three children.

The other grant awardee is Dr. Geoffrey Haughton, a native of Leeds, Yorkshire, England, who came to the United States about two years ago to become an assistant professor in our Department of Bacteriology and Immunology. Dr. Haughton is a graduate of Southampton University, where he received the B.Sc. degree in 1955 and the Ph.D. degree in 1958. After serving for three years as a Civil Science senior research fellow at the Microbiological Research Establishment in Porton, Wiltshire, England, he became a senior scientific officer there in 1961. In 1964 he was awarded an Eleanor Roosevelt Research Fellowship and served for a year as visiting scientist in the Department of Tumor Biology at Karolinska Institute in Stockholm, Sweden.

Dr. Haughton's special interest is in transplantation and cancer research, and his work in this field led to his selection for a Research Development Award. This award will permit him to conduct independent research on the problems of transplantation antigens. These inherited antigens represent the major medical obstacle to transplanting tissues or organs from one individual to another. The unique types of transplantation antigens in cancers may provide a key to cancer control. Dr. Haughton is studying the relationships between the various classes of normal transplantation antigens, as well as the relationship between normal transplantation antigens and those found in cancer. The research is being conducted entirely with mice, using a pedigreed colony housed in a trailer at the UNC School of Medicine.

New Faculty Members

Dean Taylor welcomes members of the medical faculty who have recently joined the staff. From left to right: Dr. Jorge Ferriz, Assistant Professor of Psychiatry and Pediatrics; Dr. Julian H. Capps, Assistant Professor of Radiology; Dean Taylor; Dr. Barbara V. Howard, Instructor in Bacteriology; Dr. William E. Koch, Associate Professor of Anatomy; and Herbert E. Christensen, Associate Professor of Pharmacology and Toxicology.

Hemophilia Foundation Sponsors Institute

The first institute held in the United States designed primarily to deal with the problems of providing dental care for hemophiliacs was conducted at UNC on January 19 and 20. The institute was sponsored by the School of Dentistry and the National Hemophilia Foundation under a contract grant from the U. S. Public Health Service, and was attended by representatives from 35 universities, hospitals and local chapters of NHF throughout the U. S. and Canada. Among the speakers were six members of our medical and dental faculties: Dean James W. Bowden, D.D.S., Ph.D.; William P. Webster, D.D.S. (left); Kenneth M. Brinkhous, M.D.; Roger S. Spencer, M.D.; Campbell W. McMillan, M.D.; and Harold R. Roberts, M.D. (right). Topics ranged from the genetic and psychiatric aspect of hemophilia to the medical and dental treatment of patients with that disorder.

Pharmacy Seminar Held

A diverse program ranging from the symptoms of mental disease and the language of mental health to drug usage and legal and ethical controls in mental health was presented at a pharmacy seminar here on January 23 and 24. The theme of the seminar was "The Pharmacist's Role in Mental Health." The two day program was sponsored by UNC School of Pharmacy and the N. C. Department of Mental Health. The lead-off speaker on January 23 was Dr. Eugene A. Hargrove of Raleigh, NCDMH commissioner. Dr. Arthur J. Prange, Jr. of our Department of Psychiatry reported on drugs used in mental disease. Dr. Charles R. Vernon of Durham, psychiatrist and consultant to NCDMH discussed the symptoms of mental disease. The second day's program began with a talk on adverse effect and incompatibilities of drugs acting on the mind by Dr. Harold H. Wolfe from Ohio State University. More than 100 practicing pharmacists, psychiatrists and public health nurses attended the seminar.

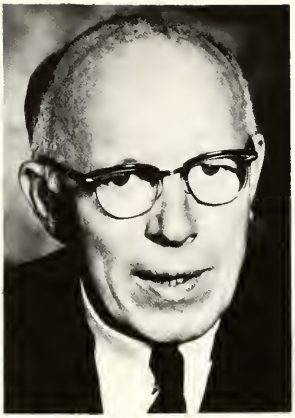
Dr. Gard Lectures at UNC

Visiting lecturer Dr. Sven Gard, chairman of the Department of Virus Research at Karolinska Institute in Stockholm, Sweden, and an international authority on virus-caused diseases, served for three days in January as a visiting professor in the Department of Bacteriology and Immunology. Dr. Gard has served for several years on the Nobel Prize Committee for Medicine and Biology and is a long-time advisor to the World Health Organization (WHO) on problems of immunization. He came to the School of Medicine to speak at a Research Conference held on January 24. His subject was "Problems in Measles Prevention."

Dr. Sven Gard gives lecture . . .

. . . and personal instruction!

Dr. Bronowski



Dr. Dubos

Dr. Medawar

Renowned Scientists To Lecture at Chapel Hill

The School of Medicine will be host to three internationally distinguished biomedical scientists during the next two years:

DR. J. BRONOWSKI, Senior Fellow and former Deputy Director of the Salk Institute for Biological Studies. Dr. Bronowski will be Visiting Professor of Biomedical Science at the Medical School during the first week of this coming April, 1968. On Tuesday and Wednesday evenings of that week he will deliver the University's prestigious John Calvin McNair Lectures.

Dr. Bronowski was born in Poland, educated in English schools, and received his PhD. in mathematics from Cambridge University in 1933. His early publications dealt primarily with algebraic geometry, later with applications of mathematics to industrial economics—and in recent years with mathematical applications to the biological sciences. His current primary concern is with logic and mental processes, with language and communication, and with the place of science in human affairs.

During World War II Dr. Bronowski was a pioneer in the development of operational research methods. At the War's end he wrote the classical British report "The Effects of the Atomic Bombs at Hiroshima and Nagasaki". He has been described as a humanist in whom a brilliant and disciplined scientific mind is coupled with the far-reaching and deeply penetrating imagination of an artist. In 1953, as Carnegie Visiting Professor at the Massachusetts Institute of Technology, he initiated the "two-cultures" discussion with a series of lectures subsequently published as *Science and Human Values*, a widely acclaimed and now famous book. His range of interests is well illustrated by other of his book titles: *The Poet's Defence, The Common Sense of Science, The Face of Violence, William Blake and the Age of Revolution, Insight, The Western Intellectual Tradition* (with B. Mazlish), *Biography of An Atom* (with M. Selsam—and the 1965 winner of the Thomas Edison Award for Best Childrens Science Book), and *The Identity of Man*, initially a series of lectures with which Dr. Bronowski inaugurated the annual Man and Nature Lectures of the American Museum of Natural History in 1965. Last year Dr. Bronowski delivered the six Silliman Lectures at Yale University on "The Origins of Knowledge and Imagination". He has given the following as a tentative title for his McNair Lectures: "The Meaning of Man: Contributions of Biology and Medicine to Man's Appraisal of Himself".

DR. RENE J. DUBOS, Professor at the Rockefeller University for Medical Research and internationally renowned biomedical statesman. Dr. Dubos will visit the School of Medicine and will deliver the Third Merrimon Lecture on December 4, 1968. Dr. Dubos is a native of France. He received his doctorate from Rutgers University and holds numerous honorary degrees.

Dr. Dubos has lived in the United States since 1924 and has been a naturalized citizen since prior to World War II. Most of his scientific life has been associated with the Rockefeller Institute (now Rockefeller University) save for two years as a Professor at the Harvard Medical School. He has the rare distinction of membership in both the National Academy of Sciences and the American Philosophical Society. Among his numerous awards are the Scientific Achievement Award of the American Medical Associa-

tion, the John Phillips Memorial Award of the American College of Physicians, and the Lasker Award of the American Public Health Association. Since 1945 Professor Dubos has authored numerous books, among which are: *The Bacterial Cell; Bacterial and Mycotic Infections of Man* (editor); *Louis Pasteur; The White Plague: Tuberculosis, Man and Society; Biochemical Determinants of Microbial Disease; Mirage of Health; The Unseen World.* Several of these are already considered classics.

Dr. Dubos was a pioneer in the field of antibiotics, and a steady stream of important new insights relatings to infectious disease has poured from his laboratory during the past four decades. In recent years he has placed great emphasis on the role of host and environmental factors in our capacity to resist or overcome the numerous infections to which we are exposed. In view of the new Environmental Health Center in the Research Triangle Park, it is noteworthy that in 1963 Professor Dubos warned an eminent group of biomedical scientists that unless programs of environmental research were vigorously and promptly prosecuted, medicine would be unable to deal effectively with the new health problems sure to arise as a result of many new environmental factors in modern life.

SIR PETER BRIAN MEDAWAR, Director of the British National Institute for Medical Research, and recipient of the Nobel Prize in Medicine and Physiology in 1960 at the age of 45. Dr. Medawar will deliver the Fourth Merrimon Lecture of the School of Medicine during the winter of 1969-70. He is best known for his vital studies on the immunological aspects of tissue transplantation, a topic of obviously critical importance in today's medical world. His previous lectures in the United States have included ones at Harvard University, at the Harvey Society of New York, and at the Mayo Clinic, where he was a participant in a symposium celebrating the Clinic's Centennial Anniversary.

Dr. Medawar received his doctorate from Oxford University, studied for three years under Sir Howard Florey, and in 1951 (after several other appointments) he became Jodrell Professor at the University of London. He was elected to the Royal Society at the age of 34 and received its Royal Medal in 1959. He holds honorary memberships in the National Academy of Sciences, the American Philosophical Society, and the American College of Physicians.

Dr. Medawar is the author of two widely acclaimed books: *The Uniqueness of the Individual* (1957) and *The Future of Man* (1960). A perusal of these books and many of his recent articles reveals a deep concern about the medical and sociological consequences of modern immunological and genetic research as well as with the very exciting investigative results themselves. As already noted, he is Director of the British National Institute for Medical Research.

Walter Hollander, Jr., M.D.
Assistant to the Dean

Telecasts Supplement Radio Conferences

The weekly two-way radio conferences which the School of Medicine has been broadcasting for seven years are being supplemented this year by a series of four television programs scheduled at monthly intervals. The first such program, broadcast over the University's television network on February 27, featured Dr. T. Franklin Williams and Dr. Robert L. Ney of the Department of Medicine; the subject was "Diabetes. Current Views on Course and Treatment."

The second program, scheduled for Tuesday evening, March 26, will be produced by the Medical College of South Carolina. The April program will be produced by the New York Academy of Medicine and the May program, by the UNC School of Medicine. The programs begin around 10:03 p.m., three minutes after the network's usual sign-off. University television outlets, in addition to WUNC-TV (Channel 4) in Chapel Hill, are WUND-TV (Channel 2), Columbia; WUNE-TV (Channel 17), Linville; WUNF-TV (Channel 33) Asheville; and WUNG-TV (Channel 58), Concord.

This year's series of radio conferences, originating from WUNC-FM, is also being broadcast by FM stations in Winston-Salem, Ashcboro, Wilson, and Rocky Mount. The series began on October 10 and will continue through April 9, broadcasts being made every Tuesday from 1 to 2 p.m. Programs have been planned in collaboration with the Duke University Medical Center, the Bowman Gray School of Medicine of Wake Forest University, Albany Medical College, and the Ohio, State University College of Medicine. The two-way feature is provided by phone circuits connecting participating groups of listeners with the studio. The participating groups and their places of meeting are as follows:

Alamance-Caswell Medical Society—Alamance County Hospital, Burlington.

Medical Staff—Edgecombe General Hospital, Tarboro.

Medical Staff—High Point Memorial Hospital, High Point.

Medical Staff—Moses H. Cone Memorial Hospital, Greensboro.

Medical Staff—Northern Hospital of Surry County, Mount Airy.

Medical Staff—Richmond Memorial Hospital, Rockingham.

Community Health and Medical Staffs—Stanley County Hospital, Albemarle.

Wayne County Medical Society—Wayne County Memorial Hospital, Goldsboro.

Community Health and Medical Staffs—Johnston Memorial Hospital, Smithfield.

The two-way radio conferences are approved for Category I credit by the American Academy of General Practice. In the seven years that the conferences

have been broadcast, more than 2000 physicians have registered as participants; the number of unregistered physicians who listen more or less regularly as individuals rather than as members of participating groups is unknown.

Don Gabriel Wins Award

For the second year in succession, the medical school has a winner in the national competition for a Medical Scientist Fellowship Award. The winner of this year's competition is Don A. Gabriel of Mooresville, a first-year medical student in the combined (M.D.-Ph.D.) program. He will receive for four years an annual stipend of $2,400, plus tuition and family allowances (a total of more than $14,000).

Last year's winner was a third-year student in the UNC School of Medicine, also in the combined program—Robert B. Jones, Formerly of Greensboro and now of Indianapolis, Ind.

Health Explosion Affects State's Medical Schools

The UNC School of Medicine, along with the other two medical schools in the state, is feeling the effects of the so-called health explosion that is occuring in North Carolina and throughout the nation. According to David S. Greene of the *Greensboro Daily News*, this "health explosion is an offshoot of the population explosion, generally prosperous times, private insurance programs, mass government programs and improved education of the public to its health needs." The result is an increase in North Carolina's chronic shortage of doctors, nurses, and other medical personnel, as well as a critical shortage of hospital beds.

The state's three medical schools are all in the midst of construction programs that will enable them to train more doctors and nurses and to take care of more patients. The UNC School of Medicine, which has been using 25 trailers as an interim measure to accomodate its growing needs, plans to ask the 1969 General Assembly for about $11 million for its construction program. According to Dean Taylor, this money, augmented by federal and private funds, would allow the medical school to increase the size of its freshman class from 75 to 100 students, in addition to increasing the size of classes in the dental, nursing, and pharmacy schools and allowing N. C. Memorial Hospital to increase its bed capacity from 420 to 600. As Dr. Taylor said, this request for capital funds is put "not in terms of the need of the medical school but in terms of the need of the people of North Carolina."

In an effort to extend its influence through the state, the UNC medical center has recently established the Division for Education and Research in Community Medical Care. This division, in addition to working with local hospitals and health agencies in the state, will cooperate in the North Carolina Regional Medical Program. This program is engaged in a comprehensive study under the direction of Dr. Harvey L. Smith of UNC-CH, of the state's total health needs and resources. This study will produce new data on the state's ratio of doctors to population (in 1964 North Carolina ranked 39th among the 50 states, with 140 doctors per 100,000 population) and will consider the roles of the three medical schools in improving health care in the state.

3 Students Attend Meet

Last fall three senior medical students from the School of Medicine attended a two-day symposium on military medicine in Vietnam, held in Washington, D. C. The symposium, conducted by Medical Education for National Defense (MEND), was presented at Walter Reed Army Hospital, the National Naval Medical Center, Andrews Air Force Base, and the U. S. State Department. Among the topics covered were diseases of American servicemen, missiles and the wounds they cause, air ambulance service, new concepts in field hospitals, surgery aboard a hospital ship, burns, malaria, and medical and surgical research. William P. Bundy, Assistant Secretary of State for Far Eastern Affairs, discussed Vietnam issues.

Students attending from UNC were, left to right, Robert L. Bugden of Fayettville, N. Y., Alan Davidson III of New Bern, and Stephen W. Young of Angier.

Morehead Awards Listed

The third group of Morehead Fellows in Medicine has been elected by a medical school committee and approved by trustees of the John Motley Morehead Foundation. The 1968 fellowships, amounting to $10,000 plus tuition and fees during the four years of medical school, will go to John M. Gilkey, Jr. of Marion, a senior in Chemistry at UNC; Howard S. Kroop, a senior in American studies at Yale; and Ronold J. Stanley of Kernersville, a senior in zoology at Duke. All three will enter the UNC School of Medicine next fall.

Special Endowment Funds

Scholarships:

Frank A. Cella, president of the Medical Parents Club, has announced that the Reece Berryhill Scholarship Funds has reached its goal of $12,500. The scholarship, established by the Medical Parents Club in honor of Dean Emeritus W. Reece Berryhill, is awarded to a senior who is selected on the basis of his overall academic performance. Three $500 awards have already been made from the fund.

Mr. Cella also announced the establishment of a scholarship fund to honor the late Dr. Charles H. Burnett, first Chairman of the Department of Medicine.

Tentative plans are that the Charles H. Burnett Scholarship will be awarded annually, on the basis of merit and need, to a student entering the medical school. The Faculty Committee on Awards will be requested to establish the exact criteria for the award and to name the recipient each year.

Since the $10,000 goal originally established for the Student Emergency Fund has been reached and the $12,500 goal for the Reece Berryhill Scholarship Fund has been exceeded, the trustees of these funds have agreed to raise and administer the funds for the Burnett Scholarship.

Present plans are to award one $500 scholarship each year, beginning with the 1968-69 school year. Should funds become available to endow more than one $500 scholarship annually, additional awards or a larger award will be made.

Persons desiring to contribute to this fund are requested to make checks payable to the Medical Foundation of North Carolina, Inc., and to designate them for the Charles H. Burnett Scholarship Fund. The contributions should be sent to 302 South Building, Chapel Hill N. C. 27514.

Lectureship:

As additional evidence of his interest in the UNC School of Medicine, former Governor Luther Hodges has established a lectureship in cardiovascular surgery. The purpose of the annual lectures is to stimulate interest in this important and rapidly developing field. Each lecture will be delivered by an international authority on a subject relating to surgery of the heart and blood vessels.

The first Hodges Lecture, entitled "The Effect of Operation on Congestive Heart Failure, Body Composition and Blood Volume," was given in the clinic auditorium at NC Memorial Hospital on November 30. The speaker was Dr. John W. Kirklin, Chairman of the Department of Surgery at the University of Alabama Medical College and Surgeon-in-chief at the University of Alabama Hospitals and Clinics in Birmingham. Before moving to Birmingham, Dr. Kirklin was Chairman of the Department of Surgery at the Mayo Clinic and Mayo Graduate School of Medicine in Rochester, Minn. He has made major contributions to the development of open-heart surgery and heart-lung machines.

Fellowship:

Mrs. James M. Jennings of Wilson has made a generous gift to a unique traveling fellowship program under which three resident surgeons at NC Memorial Hospital are sent to India each year. The program, started last year with a contribution from Mrs. J. Spencer Love of Greensboro, allows the traveling fellows to serve for two months as chief residents on the plastic surgery service at Christian Medical College Hospital in Vellore, India. This hospital, located in a section of India where oral cancer is common, is a center for the treatment of cancer of the head and neck.

Dr. I. Kelman Cohen, the first resident selected as a traveling fellow, has returned after serving at the leprosy hospital in Karigiri, India, as well as at Christian Medical College Hospital. Dr. Paul W. Black is in India now, and Dr. J. Phillip Goodson is scheduled to leave for India on March 1.

ON INVESTIGATORS.—*If only people would finally stop finding points of disagreement in the personal characteristics and external circumstances of investigators! It does not matter at all whether someone is a professor of clinical medicine or of theoretical pathology, whether he is a practitioner or a hospital physician, if only he possesses material for observation. In addition, it is not of decisive significance whether he confronts an overwhelming or a modest amount of material, if only he understands how to exploit it. And to do this he must know what he wants and how he can achieve what he wants: in other words, he must be in a position to put the right questions and to find the right methods for answering them.*—Diseases, Life, and Man: Selected Essays by Rudolph Virchow, *L. J. Rather (trans.-ed), New York: Collier Books, 1962, p92.*

Presenting the House Staff

JOHN PHILLIP GOODSON

Dr. Goodson, chief resident in surgery, is from Mount Olive, N. C. He obtained his undergraduate premedical education at the University of North Carolina, and received the B.S. degree in medicine in 1959. At the UNC School of Medicine he investigated the effect of histamine on cardiac output with Dr. Richard M. Peters. He graduated in 1963.

Dr. Goodson has served as intern and resident in surgery at NCMH, but is currently on a two-month rotation in head and neck surgery at the Christian Medical Center at Vellore, India.

After completing his residency in general surgery in June he will serve two years in the Air Force. His future plans are to enter private practice.

Dr. Goodson and his wife Barbara have two sons, John and David.

Dr. Goodson

CARL GLEN PICKARD

Dr. Pickard, chief resident in medicine, grew up in Asheville, N. C. He attended the University of North Carolina and received the A.B. degree in English in 1958. He then entered the UNC School of Medicine where he was president of the Whitehead Society and a member of A.O.A. He graduated in 1962 and served his internship in medicine at Columbia-Presbyterian Hospital in New York.

Dr. Pickard was a general medical officer in the Navy at Portsmouth Naval Hospital. He returned to NCMH in 1965 to continue his training as a medical resident.

In addition to his duties as chief resident, Dr. Pickard is affiliated with the Division of Education and Research in Community Medical Care, which is headed by Dr. Reece Berryhill. Beginning in July 1968 Dr. Pickard will join the Department of Medicine as a member of Dr. Berryhill's division and will precept in the Medicine Clinic and affiliate with the chest medicine group.

Dr. Pickard is married to the former Toye Dark of Raeford, N. C. They have a daughter Mary Gwen.

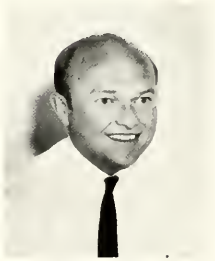
Dr. Pickard

FRED DAVIDSON SUMMERS, JR.

Dr. Summers, chief resident in obstetrics and gynecology, is a native of Statesville, N. C. His education spans many years and diverse areas of endeavor. In 1955 he graduated from Davidson College with an A.B. degree in English. He then attended the Union Theological Seminary in Richmond, Virginia, where he received a B.D. in 1958. He continued his education at UNC School of Medicine and was awarded the M.D. degree in 1963.

Dr. Summers had a rotating internship at Geisinger Hospital in Danville, Pennsylvania and will complete his residency in obstetrics and gynecology in June 1968. He will then join the staff of the Department of Obstetrics and Gynecology.

Dr. Summers is married to the former Marie Moore of Statesville. They have three daughters—Anita, Adele and Sara.



Dr. Summers

NORTH CAROLINA MEMORIAL HOSPITAL
1967-1968 HOUSE STAFF

Name	Home Town	Medical School	Service	Title
Ackerman, Robert H.	New York City, N. Y.	Univ. of Rochester	Neurology	2nd yr. Res.
Adams, Dolph O.	Montezuma, Ga.	Med. Col. of Georgia	Pathology	2nd yr. Res.
Adcock, David	Columbia, S. C.	Med. Col. of S. C.	Radiology	1st yr. Res.
Aiken, Albert F.	Charleston, S. C.	Med. Col. of S. C.	Neurology	2nd yr. Res.
Albert, Rudolf F.	Lakewood, Ohio	UNC	Pathology	2nd yr. Res.
Algary, William P.	Asheville, N. C.	UNC	Medicine	2nd yr. Res.
Allen, Joseph J.	Greensboro, N. C.	UNC	Psychiatry	2nd yr. Res.
Apostle, David	Cleveland, Ohio	Univ. of Rochester	Medicine	Intern
Arnold, Phillip	Spruce Pine, N. C.	UNC	Surgery	Intern
Astarita, Robert	New York City, N. Y.	Univ. of Rochester	Pathology	Intern
Barton, Fritz	Fort Worth, Tex.	Univ. of Texas Southwestern	Medicine	Intern
Bates, William G.	Durham, N. C.	UNC	OB & GYN	2nd yr. Res.
Benjamin, John T.	Westfield, N. J.	Columbia Univ.	Pediatrics	1st yr. Res.
Bevin, A. Griswold	Guilford, Conn.	Yale Univ.	Plastic Surg.	Chief Res.
Biggers, W. Paul	Charlotte, N. C.	UNC	Otolaryngology	Chief Res.
Bisett, Thomas	Bradford, Penn.	Univ. of Rochester	Rotating (Med.)	Intern
Blake, Gerald	Jacksonville, N. C.	UNC	Medicine	Intern
Bost, William S., Jr.	Greenville, N. C.	UNC	Otolaryngology	2nd yr. Res.
Brumback, George F.	Memphis, Tenn.	Univ. of Tennessee	Ophthalmology	3rd yr. Res.
Burke, James O., Jr.	Lexington, N. C.	UNC	Pediatrics	2nd yr. Res.
Burroughs, Paul	Raleigh, N. C.	UNC	Orthopedics	1st yr. Res.
Cameron, Alan S.	Oklahoma City, Okla.	Univ. of Oklahoma	Psychiatry	3rd yr. Res.
Carney, Charles Noel	Birmingham, Ala.	Med. Col. of Alabama	Pathology	4th yr. Res.
Carney, William	Louisville, Ky.	Univ. of Louisville	Pathology	1st yr. Res.
Carter, Joey	Kannapolis, N. C.	UNC	Surgery	Intern
Childers, Jack C.	Lexington, N. C.	Columbia Univ.	Orthopedics	3rd yr. Res.
Christian, R. Meade, Jr.	Richmond, Va.	Western Reserve Univ.	Pediatrics	Intern
Clark, Daniel E.	Robersonville, N. C.	UNC	Radiology	1st yr. Res.
Cohen, Irwin K.	Laconia, N. H.	UNC	Surgery	Chief Res.
Cohen, Morton Lee	New York City, N. Y.	Columbia Univ.	Pediatrics	1st yr. Res.
Cohn, Bruce A.	San Francisco, Calif.	Univ. of California	Dermatology	2nd yr. Res.
Coley, Silas B., Jr.	Raleigh, N. C.	UNC	Psychiatry	2nd yr. Res.
Collins, James E.	Louisville, Ky.	Vanderbilt Univ.	Psychiatry	3rd yr. Res.
Crawford, Robert O.	Gastonia, N. C.	Bowman Gray	Ophthalmology	2nd yr. Res.
Creighton, Robert K.	Norfolk, Va.	UNC	OB & GYN	3rd yr. Res.
Crist, Takey	Jacksonville, N. C.	UNC	OB & GYN	2nd yr. Res.
Crisp, Sellers Luther	Greenville, N.C.	UNC	Orthopedics	4th yr. Res.
Croom, Robert D.	Maxton, N. C.	UNC	Surgery	3rd yr. Res.
Cutchin, Lawrence M.	Whitakers, N. C.	UNC	Medicine	2nd yr. Res.
Daugherty, Michael E.	Anchorage, Ky.	Univ. of Kentucky	Surgery	1st yr. Res.
Davidian, Vartan	Smithfield, N. C.	UNC	Surgery	Intern
Davies, William S.	Ponca City, Okla.	Univ. of Oklahoma	Psychiatry	1st yr. Res.
DeBra, Don W., Jr.	Atlanta, Ga.	Western Reserve Univ.	Medicine	1st yr. Res.
DeConinck, Peter	Gent, Belgium	State Univ. (Gent)	Surgery	4th yr. Res.
Demers, Robert G.	Brockton, Mass.	Georgetown Univ.	Psychiatry	3rd yr. Res.
Digby, Thomas E.	Oak Harbor, Ohio	Johns Hopkins Univ.	Pediatrics	1st yr. Res.
Douglas, Edgar S.	Danville, Va.	Med. Col. of Virginia	OB & GYN	4th yr. Res.
Douglas, John	N. Augusta, S. C.	Washington Univ. (St. Louis)	Rotating (Med.)	Intern
Eckbert, William F., Jr.	Cramerton, N. C.	Emory Univ.	Psychiatry	2nd yr. Res.
Edens, Clarence J.	Fayetteville, N. C.	Emory Univ.	Psychiatry	2nd yr. Res.
Edwards, Doris A.	Columbia, S. C.	Med. Col. of S. C.	Psychiatry	2nd yr. Res.
Edwards, James R.	Bakersville, N. C.	UNC	Pathology	3rd yr. Res.
Eisenstein, Abram	San Antonio, Tex.	Univ. of Texas Southwestern	Medicine	Intern
Elias, Sharon	Omaha, Nebr.	Stanford Univ.	Surgery	Intern
Elliott, B. Thalphonza, Jr.	Whiteville, N. C.	UNC	Pediatrics	2nd yr. Res.
Finch, Richard A.	Mobile, Ala.	Med. Col. of Alabama	Medicine	1st yr. Res.
Fishburne, John I., Jr.	Charleston, S. C.	Med. Col. of S. C.	OB & GYN	2nd yr. Res.
Fowler, Wesley C., Jr.	Dunn, N. C.	UNC	OB & GYN	1st yr. Res.
Gardner, Glenn	Shiremanstown, Penn.	Univ. of Pittsburgh	Rotating (Med.)	Intern

Name	Home Town	Medical School	Service	Title
Garrabrant, Edgar C.	Wilmington, N. C.	UNC	Surgery	1st yr. Res.
Gibbs, James H.	Marion, N. C.	UNC	Urology	3rd yr. Res.
Gibler, Sheridan T.	Waco, Tex.	Univ. of Texas Southwestern	Medicine	1st yr. Res.
Goldstrich, Joseph	Dallas, Tex.	Univ. of Texas Southwestern	Medicine	1st yr. Res.
Goodson, John P.	Mt. Olive, N. C.	UNC	Surgery	Chief Res. 4th yr.
Grice, O. Drew	Duplin County, N. C.	UNC	Surgery	Intern
Griffin, Marion W.	Greenville, S. C.	UNC	Surgery	3rd yr. Res.
Haddad, Lester	Bethesda, Md.	Georgetown Univ.	Rotating (Med.)	Intern
Hardy, Ira	Kinston, N. C.	UNC	Neurosurgery	Chief Res.
Hamrick, Harvey	Rutherfordton, N. C.	UNC	Pediatrics	Intern
Harris, Donald E.	Rocky Mount, N. C.	UNC	Dermatology	1st yr. Res.
Hattaway, Alexander C., III	Greensboro, N. C.	UNC	Otolaryngology	1st yr. Res.
Hawkes, Dudley F.	Newark, N. J.	N. Y. Univ.	Orthopedics	2nd yr. Res.
Hawkins, William T.	Fort Worth, Tex.	Univ. of Texas Southwestern	Rotating (Med.)	Intern
Haworth, Chester Carl, Jr.	High Point, N. C.	Duke Univ.	Medicine	1st yr. Res.
Helman, Richard	Columbia, S. C.	Vanderbilt Univ.	Medicine	2nd yr. Res.
Hemingway, George	Winston-Salem, N. C.	UNC	Medicine	2nd yr. Res.
Herman, Ronald S.	Brooklyn, N. Y.	Univ. of Pittsburgh	Psychiatry	3rd yr. Res.
Hilberman, Mark	Los Angeles, Calif.	N. Y. Univ.	Surgery	3rd yr. Res.
Holt, Windsor A.	Warren, Ohio	Western Reserve Univ.	OB & GYN	3rd yr. Res.
Hopper, George		Univ. of Pennsylvania	Rotating (Med.)	Intern
Howell, Nelson N.	High Point, N. C.	UNC	Surgery	1st yr. Res.
Hurt, Joe P.	Raleigh, N. C.	UNC	Pathology	2nd yr. Res.
Jack, Bernard R.	Leechburg, Penn.	UNC	Surgery	2nd yr. Res.
Jarman, William	Gastonia, N. C.	UNC	Surgery	Intern
Jasper, Patrick L.	Somerset, Ky.	Vanderbilt Univ.	Pediatrics	1st yr. Res.
Johnson, Jeff	Little Rock, Ark.	Univ. of Arkansas	Ophthalmology	2nd yr. Res.
Joines, Elizabeth	Macon, Ga.	UNC	Psychiatry	1st yr. Res.
Jones, Mack D.	Savannah, Ga.	Med. Col. of Georgia	Neurology	2nd yr. Res.
Jones, Thad	Portsmouth, Va.	Univ. of Virginia	Pathology	Intern
Kagey, William	Dayton, Va.	Univ. of Virginia	Pediatrics	Intern
Kayye, Paul T.	Miami, Fla.	Univ. of Miami	Psychiatry	1st yr. Res.
Keiter, John E.	Kinston, N. C.	UNC	Surgery	2nd yr. Res.
Kiesel, John	Louisville, Ky.	Univ. of Kentucky	Pediatrics	Intern
Kindley, Robert	Thomasville, N. C.	UNC	Pediatrics	2nd yr. Res.
Kinlaw, William K.	Lumberton, N. C.	UNC	Neurosurgery	1st yr. Res.
Lane, Jerald	Carthage, Mo.	Univ. of Missouri	Psychiatry	1st yr. Res.
Larson, David	Buffalo, N. Y.	State Univ. of N. Y.	Medicine	Intern
Leake, A. Eldridge	Marshall, N. C.	UNC	Anesthesiology	1st yr. Res.
LeGrand, Gordon B.	Wilmington, N. C.	UNC	Pathology	2nd yr. Res.
Lesesne, Henry	Atlanta, Ga.	Vanderbilt Univ.	Medicine	Intern
Lohr, Lloyd	Lexington, N. C.	UNC	OB & GYN	2nd yr. Res.
Lyons, Richard	Poland, Ohio	Ohio State Univ.	Surgery	Intern
MacAnally, Barry	Omaha, Nebr.	Yale Univ.	Medicine	Intern
Macfie, Jeffreys A.	Brevard, N. C.	UNC	Surgery	3rd yr. Res.
Mann, Carroll L., III	Raleigh, N. C.	UNC	Surgery	3rd yr. Res.
McBride, Francis	Miami, Fla.	Univ. of Florida	Surgery	Intern
McClane, Thomas K.	Gainesville, Fla.	Univ. of Florida	Psychiatry	2nd yr. Res.
McDaniel, William	Rutherfordton, N. C.	UNC	Surgery	Intern
McLaurin, Lambert P.	West Palm Beach, Fla.	Univ. of Florida	Surgery	Intern
McIlroy, Richard H., Jr.	Pueblo, Colo.	Univ. of Indiana	Surgery	1st yr. Res.
Meltzer, Morton	Spring Valley, N. Y.	N.Y. Med. Col.	Psychiatry	1st yr. Res.
Minnihan, Richard L.	Jefferson, Iowa	Univ. of Iowa	Psychiatry	1st yr. Res.
Monroe, William	Sanford, N. C.	UNC	Ophthalmology	1st yr. Res.
Moore, Lawrence	Blacksburg, Va.	Duke Univ.	Ophthalmology	1st yr. Res.
Mooreside, Douglas E.	Arlington, Va.	Univ. of Virginia	Pathology	1st yr. Res.
Morris, Peter	Charlotte, N. C.	UNC	Pathology	1st yr. Res.
Morton, Duncan, Jr.	Charlotte, N. C.	UNC	Surgery	1st yr. Res.
Moskos, Vasilike	Charleston, S. C.	Med. Col. of S.C.	Psychiatry	2nd yr. Res.
Nelson, Luther S.	Jackson, N. C.	UNC	Radiology	3rd yr. Res.
Nelson, William G.	Longmont, Colo.	Univ. of Colorado	Psychiatry	1st yr. Res.
Newman, Stephen	Washington, D. C.	Georgetown Univ.	Medicine	1st yr. Res.
Newberg, Neil R.	Jamaica, N. Y.	Univ. of Louisville	Medicine	1st yr. Res.
Packman, Charles	Lake Charles, La.	Louisiana State Univ.	Medicine	Intern
Paddison, George M.	Smithfield, N. C.	UNC	Radiology	1st yr. Res.
Paine, Raymond L., Jr.	Ann Arbor, Mich.	Univ. of Michigan	Psychiatry	3rd yr. Res.

Name	Home Town	Medical School	Service	Title
Park, Chan	Seoul, Korea	Severana	Radiology	3rd yr. Res.
Parker, Earl W.	Gates County, N. C.	Bowman Gray	OB & GYN	3rd yr. Res.
Patton, William C.	Charlotte, N. C.	UNC	Orthopedics	3rd yr. Res.
Pickard, Carl G., Jr.	Asheville, N. C.	UNC	Medicine	Chief Res.
Pons, Roy K.	Valdese, N. C.	UNC	Surgery	1st yr. Res.
Presley, George	Asheville, N. C.	UNC	Ophthalmology	3rd yr. Res.
Price, Robert	Reidsville, N. C.	UNC	Surgery	1st yr. Res.
Rand, Thomas S.	Goldsboro, N. C.	UNC	Orthopedics	4th yr. Res. (Chief Res.)
Raney, R. Beverly, Jr.	Chapel Hill, N. C.	Univ. of Pennsylvania	Pediatrics	2nd yr. Res.
Rankin, Larry	Belle Vernon, Penn.	Western Reserve Univ.	Rotating (Med.)	Intern
Rawls, William C.	Rocky Mount, N. C.	UNC	OB & GYN	1st yr. Res.
Raye, John R.	Cambridge, Mass.	Harvard Univ.	Pediatrics	Chief Res.
Restifo, Mary	Cleveland, Ohio	Western Reserve Univ.	Rotating (Med.)	Intern
Rhodes, John F.	Raleigh, N. C.	UNC	Urology	1st yr. Res.
Roberson, William E.	Greenville, S. C.	UNC	OB & GYN	1st yr. Res.
Rudders, Richard	New York City, N. Y.	Columbia Univ.	Medicine	2nd yr. Res.
Samuels, Jesse	Flushing, N. Y.	Duke Univ.	Medicine	Intern
Samuels, Walter	Hamlet, N. C.	UNC	OB & GYN	4th yr. Res.
Sauers, Harry L.	St. Petersburg, Fla.	Univ. of Florida	Psychiatry	1st yr. Res.
Savage, Robert	Winston-Salem, N. C.	UNC	Anesthesiology	2nd yr. Res.
Sayers, William F.	Gastonia, N. C.	UNC	Pediatrics	2nd yr. Res.
Scarborough, Dawson E., Jr.	Richmond, Va.	UNC	Pathology	2nd yr. Res.
Schneier, Harvey	Rochester, N. Y.	Columbia Univ.	Medicine	Intern
Schreiber, Alan	Newark, N. J.	Albert Einstein Col. Med.	Medicine	Intern
Shermer, Richard W.	Winston-Salem, N. C.	UNC	Pathology	4th yr. Res.
Sides, Evin	Concord, N. C.	UNC	Medicine	2nd yr. Res.
Silverman, Stuart H.	Brooklyn, N. Y.	Albert Einstein Col. Med.	Medicine	1st yr. Res.
Smith, Henry L., II	Greensboro, N. C.	Univ. of Pennsylvania	Pediatrics	1st yr. Res.
Smith, Robert Lee	Lynchburg, Va.	Univ. of Virginia	Pathology	3rd yr. Res.
Smith, Samuel W.	Charlotte, N. C.	Univ. of Pennsylvania	Medicine	1st yr. Res.
Solano, Carlos	Rio de Janeiro, Brazil	Universidade do Brasil	Surgery	2nd yr. Res.
Sowder, W. Thomas, Jr.	Jacksonville, Fla.	Univ. of Florida	Psychiatry	2nd yr. Res.
Steel, R. Knight	New York, N. Y.	Columbia Univ.	Medicine	2nd yr. Res.
Sugioka, Mary	Chapel Hill, N. C.	Duke Univ.	Pediatrics	Intern
Summers, Fred	Statesville, N. C.	UNC	OB & GYN	4th yr. Res.
Taylor, Catherine A.	Dandridge, Tenn.	Univ. of Tennessee	Psychiatry	3rd yr. Res.
Taylor, Harry L.	Dublin, Ga.	Med. Col. of Georgia	Pathology	1st yr. Res.
Treadway, Charles R.	Nashville, Tenn.	Vanderbilt Univ.	Psychiatry	3rd yr. Res.
Turco, Ronald	Philadelphia, Penn.	Jefferson Med. Col.	Psychiatry	1st yr. Res.
Vance, Zebulon	Macon, Ga.	UNC	Pathology	Intern
VanderDecker, John	Caldwell, N. J.	Cornell Univ.	Medicine	2nd yr. Res.
Walters, Paul A.	Oxford, N. C.	Bowman Gray	Anesthesiology	1st yr. Res.
Wangler, John G., Jr.	Chapel Hill, N. C.	Univ. of Virginia	Psychiatry	3rd yr. Res.
Weis, Richard C.	Indiana, Penn.	Univ. of Pittsburgh	Otolaryngology	1st yr. Res.
Whicker, James H.	N. Wilkesboro, N. C.	UNC	Surgery	1st yr. Res.
Whitson, Theodore	Chapel Hill, N. C.	UNC	Surgery	Chief Res.
Wicksman, Robert	Williamston, Mass.	State Univ. of New York	Radiology	1st yr. Res.
Wilson, Virgil A.	Clemmons, N. C.	UNC	Anesthesiology	2nd yr. Res.
Wise, Jonathan	Haverhill, Mass.	Harvard Univ.	Rotating (Med.)	Intern
Wooten, Robin N.	Monroe, N. C.	UNC	Psychiatry	1st yr. Res.
Wray, Harvey L.	Charlotte, N. C.	Univ. of Pennsylvania	Medicine	1st yr. Res.
Wright, Elizabeth	Brea, Calif.	Univ. of Kentucky	Medicine	Intern

Most of the photographs in this issue were taken by two outstanding young photographers in Chapel Hill, Jock Lauterer and William Brinkhous. This picture spread features varied scenes at the medical school as recorded by Lauterer.

Dr. W. Reece Berryhill

Dr. Benjamin F. Royal Honored

I am delighted to join with the University's medical alumni from this area to do honor to Ann and Ben Royal—two very special people whose friendship has been invaluable to me over the years, in relaxed moments as well as in troubled times. Like all of you here, I love and respect Dr. and Mrs. Royal for their lasting contributions to this community, to coastal North Carolina, to medicine, to their church, and to their University (which, despite the political shenanigans of the past few years, is still *the University of North Carolina*). It is an honor for me to be asked to speak for the University, and especially for the School of Medicine, in expressing gratitude to this distinguished alumnus for his life of service to medicine in North Carolina and for his unfailing support of the University.

Dr. Royal talks very little, and almost never about himself. Accordingly, it has been necessary to do a little historical research for the purpose of this occasion. For some of the information which follows I am indebted to his daughter, Mrs. Sam Barnes of Chapel Hill, to Mr. Chester Davis of Winston-Salem, and to Dr. Warner Wells of the University's Department of Surgery.

Dr. Royal's Contributions to His Community

On December 10, 1948, the Carteret County *News-Times* published a feature story by Chester Davis, feature editor of the *Winston-Salem Journal*, entitled "The Story of a Man, a Vision, and the Town He Believes in." The man, of course, was Benjamin Royal; the town, Morehead City. Excerpts from that story give a good deal of background information about Ben Royal and about Morehead City:

"Back in 1884 when John J. Royal walked down Arendell Street buttonholing his friends and saying 'it's a boy—named him Ben', Morehead City was not really a city. It was a fishing village, and in all probability a fishing village with an inferiority complex. Beaufort, after all, was across the way on the other bank of the Newport River and to hear those folks tell it, Beaufort had a history.

"Young Ben Royal was born in a town which needed some history. He has spent the last sixty-four years (now eighty-three) taking care of that.

"Like any good story-teller, Ben Royal starts at the beginning and he is careful to explain that there are three families of Royals in North Carolina—'the ones in Goldsboro have some money; the ones in Wake Forest have some sense; my branch comes from Morehead City . . .' period.

"With Bogue Sound for his Mississippi, and the Bogue banks as his Cardiff Hill, Ben grew up in a salt water Tom Sawyer fashion. It wasn't many years, however, before he caught the cars and rode the Mullet Line (the Atlantic and North Carolina Railway)to Goldsboro and then he found his way to Chapel Hill. He didn't have any money and he says even less sense.

"His friends argue this last point saying that when Ben came back to Morehead in 1910 he had an A.B., University of North Carolina, and an M.D., Jefferson Medical College in Philadelphia, behind his name. Dr. Ben grunts that the fact that he ever came back proves his point."

Ben Royal's success in making history for his birthplace is indicated by the very special award given him as a feature of Morehead City's Centennial Celebration in 1957. This award was not for the Man of the Year nor for the Man of the Decade, but—listen carefully— for *Morehead's Man of the Century*. It seems clear that Dr. Royal is *Mr.* Morehead as well as *Dr.* Morehead.

During his professional lifetime Dr. Royal had many opportunities to leave Morehead—opportunities which would, on the face of it at least, have afforded greater professional advancement in his chosen field of surgery, and certainly greater financial reward. In declining one of the most attractive of these offers, he said that the only reason to leave Morehead would be to make a pot of money quickly in order to come back home and be happy doing the things he wanted to do; he figured that he might just as well stay in Morehead and continue to be happy without the money. The recognition that happiness is not dependent on wealth has been one of the keystones of Ben Royal's philosophy.

When young Dr. Royal hung out his shingle in 1910, Morehead City was a singularly difficult location in which to practice medicine. The nearest hospital was in New Bern, 38 miles away, and only one train daily ran between the two towns. The development of a really adequate hospital for Morehead City and Carteret County—obviously one of the first essentials in providing good medical care—is perhaps the best example of Dr. Royal's character, energy, imagination, and dedication to his profession and to the welfare of his community.

In 1912 he determined that the community simply had to have a hospital and so he buttonholed a sufficient number of the town's citizens and sold them stock in a hospital at $25 a share. With $3,000 in the bank he obtained space on the second floor of a building on Arendell Street, over the five and ten-cent store, for a small seven-bed hospital, but at least Morehead began to care for its own.

The influenza epidemic of 1918 helped to convince people that a larger hospital was essential. The Morehead City Hospital, with 26 beds, was built shortly

One of the medical school's most loyal and beloved alumni is Dr. Ben Royal of Morehead City, North Carolina. Recently a number of Dr. Royal's friends gathered to express their appreciation for his life and work. A major speaker on this occasion was Dr. W. R. Berryhill. The Bulletin *is privileged to reprint excerpts from Dr. Berryhill's remarks.*

thereafter. The citizens of Morehead provided 15 per cent of the cost; Ben's father-in-law, Mr. B. B. Adams, paid the remaining 85 per cent. The new hospital was built on the waterfront, with a dock which served as a parking space for Ben's water-borne patients. The city bought this hospital in 1928, and it is said that all stockholders were paid in full, *except* Dr. Royal and Miss Edith Broadway, the able and devoted woman who served the hospital for many years as superintendent of nurses.

When the Depression knocked the bottom out of the seafoood market, Dr. Royal turned bill collector in order to keep the hospital open. To feed the patients, he accepted payments in kind. It is reported that on one occasion he burst into the kitchen with an armload of country hams and told the cook, "Here is a gallbladder, a cesarean section, and an ingrown toenail."

The citizens of Morehead City and Carteret County finally came to realize the necessity of Dr. Royal's life-long goal—that of building with tax dollars a hospital adequate to meet the health needs of the community's growing population. The Carteret County Hospital is now in operation, and 38 of the rooms are furnished with money raised by Dr. Royal among his friends throughout the state and nation. The surgical dressing room and one of the patient rooms have been equipped and furnished as a tribute to Dr. Royal.

Soon after he began practicing medicine, Dr. Royal was appointed by the Public Health Service to care for members of the Coast Guard stationed in Morehead City. He held this appointment until his retirement from practice. In addition, he was for many years the physician for the Port of Morehead, with responsibility for the health inspection of all incoming boats and for the care of the ill and injured on those boats. As the number of summer residents at Morehead increased, his summers became busier than the rest of the year. All of the summer residents felt secure regarding the health of their families as long as Ben Royal was around—and he was seldom absent.

Carteret County, the central Carolina coastal area, and indeed all of North Carolina are deeply indebted to Dr. Royal for his interest and efforts in a non-medical endeavor. Convinced that Morehead City is one of the finest natural ports on the East Coast, he has helped to spearhead the movement to develop Morehead as a major deep-water port. He served on the local Ports Commission from its beginning until recent years. It is reported that the Cherry Point Marine ase, once slated to be built on the northern bank of the Neuse River, was moved to the Morehead City side when Ben Royal pointed out that a dollar's worth of dynamite would destroy the single bridge linking the Marine Base with a deep-water port.

Dr. Royal didn't have to go to war; the war came to him. As early as 1940 Ben realized what was likely to happen and began trying unsuccessfully, to get money to enlarge the Morehead Hospital.

Being in the middle of the Army, Navy, Marine, and Coast Guard defense activities, Morehead City was soon overcrowded with civilian workers and with military personnel and their families. In 1942 the German U-boats began attacking ships along the North Carolina coast. More than 250 American tankers and freighters were sunk in the "Battle of the North Carolina Capes." During this long and des-

perate battle, some 3500 crew members from these ships came to Morehead City. Most of them needed hospital attention for a variety of injuries, principally burns.

Dr. Royal developed a method of treating burns, which, it is reported, was essentially the treatment used years later in caring for the victims of Boston's Coconut Grove fire. Mr. Aycock Brown, who was stationed at Morehead City as a special agent for the Office of Naval Intelligence during the war, said in a recent communication to Dr. Royal: ". . . we never lost a wounded . . . man if he was still kicking upon arrival at your Hospital."

Toward the end of the war, the Navy moved in and built a 32-room emergency addition to the hospital in thirty days. When the war was finally over, the federal government—perhaps in partial recognition of a job superbly done—gave the Morehead City Hospital $200,000 to build a permanent 30-room addition.

Much of what happened in the war years along the North Carolina coast, especially with regard to Ben Royal's heroic efforts in caring for the injured with very limited facilities and manpower*, is not well known.

Ben's ability, energy, interests, and devotion to medicine were too great to be confined entirely to Carteret County. Over the years he has been a stalwart and wise leader in the state medical society. In addition to serving the society twice as a vice president, he has been a member of the Board of Medical Examiners and has been a representative from Carteret County to the society's House of Delegates for as long as the memory of man runneth not to the contrary.

After graduating from the University of North Carolina with an A.B. degree, Ben finished the two-year medical course there before going to Jefferson Medical College, where he received the M.D. degree in 1909. He felt about the UNC School of Medicine as Daniel Webster did about his alma mater, Dartmouth College: "It's a small school, but there are those who love it." Ben has loved the University and worked for it throughout these years, in good times and in bad. His support and his contributions as a leader in medicine and as a devoted alumnus and trustee have been invaluable.

He was especially helpful in the long and, at times, bitter fight for the medical school's expansion. I recall with amusement his replies to a questionnaire sent to the membership of the state medical society by a very powerful force in North Carolina which fought long and hard to prevent the medical school's expansion: (1) Do you favor the expansion of the Medical School?—"Hell, yes!" (2) Do you favor Chapel Hill as the location?—"Hell, yes!" (3) If the Medical School is expanded and if it is decided not to place it in Chapel Hill, where do you think is the best place to put it?—"Carrboro." As always, Ben stood for a principle.

Dr. Royal was elected to the Board of Trustees of the University about the time the medical school expansion was begun. He was one of the four men whose leadership and support were invaluable to the medical school and to those of us responsible for it. The others were Major Lennox P. McLendon from Greensboro, who was chairman of the original Trustees' Committee on the Medical School; Mr. Collier Cobb, Jr., of Chapel Hill, who was chairman of the Trustees' Building Committee during the major phases of construction of the medical center; and Dr. Shahane Taylor of Greensboro, another medical alumnus. The faculty and the alumni have long since acknowledged the valuable service and lasting contributions of these men by conferring upon each of them the Faculty-Alumni Distinguished Service Award.

° ° °

There are three other fields in which Dr. Royal is an expert, and his activities in these fields have given his friends great pleasure.

1. He is probably one of the best ornithologists in the state, having a tremendous knowledge of the birds of eastern North Carolina and their way of life. He is equally knowledgeable concerning stone crabs, various varieties of fish and shrimp, and the native blue crab.

2. He's a gourmet cook of all varieties of seafood, as well as of the most delicious hush puppies one ever ate.

3. Ben is a superb wood-carver—a fact to which all of you who have visited his study can attest. As Chester Davis said in the article referred to earlier, "With a bag full of sharp knives, Ben Royal can do things to wood which call for the sort of patience and ingenuity that once was found only on sailing ships outward bound on a three-year voyage." Among his masterpieces are birds, animals, ships, and—as one might expect—a model of the Old Well.

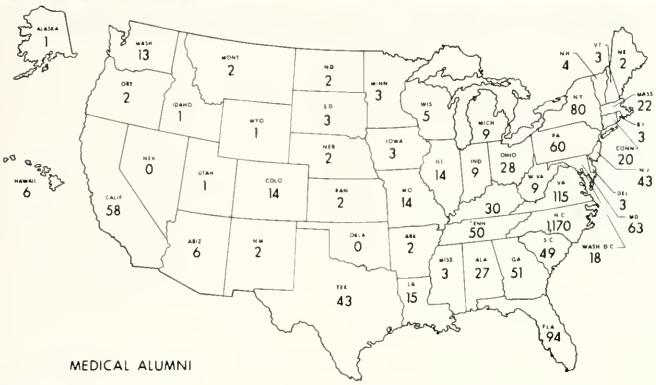
All of us know that one doesn't talk about Ben without considering his wife, "Miss Ann." But one doesn't need to talk about her. There she is by his side with her quiet charm, her loving and supportive strength—a spiritual bulwark to all who come near.

Ann and Ben, I hope that this occasion, sponsored by the medical alumni of this area, has demonstrated to you anew our lasting gratitude for what you have contributed to medicine, to your community, to the University, and to your friends. The following lines from an old Irish blessing express our wish for you:

> May the road rise to meet you,
> May the wind be always at your back,
> May the sun shine warm upon your face,
> The rains fall softly upon your fields.
> And, until we meet again, may God hold you in
> the hollow of his hand.

**Another UNC medical alumnus practicing at Morehead City, the late Dr. Sanford Webb Thompson, Jr. ('11), contributed immensely to the care of sick and injured servicemen as well as to that of the civilian population.*

ALUMNI NEWS



MEDICAL ALUMNI

1922

HERBERT H. FRITZ (110 Pennswood Road, Bryn Mawr, Pa. 19010) is physician to the Bryn Mawr Hospital. He has been engaged in general practice in Bryn Mawr for 33 years, except for a period of 37½ months during World War II, when he served as a commander in the U. S. Naval Reserve. He is a fellow of the Philadelphia College of Physicians and a director of the Bryn Mawr Trust Company, as well as a past president of the Main Line Medical Society.

He has two daughters and six grandchildren.

CLEMENT R. MONROE (Pinehurst, N. C. 28374) received his M.D. degree from the University of Maryland in 1924. After serving an internship and surgical residency in Baltimore, he began the practice of surgery in Pinehurst in 1929. He is a fellow of the American College of Surgeons and has been chairman of the Department of Surgery at the Moore County Hospital since 1929.

He is married to the former Mabel Caddell, and they have two children: Mary Lynn (age 15) and Anne Caddell (age 13).

1925

JAKE G. WOODWARD (c/o Rev. B. S. Hensley, 5 Washington Ave., Asheville, N. C.) is a victim of Parkinson's disease and has been a patient at the Veterans Hospital in Asheville for seven years.

1928

R. HYATT BROWN (126 W. Ravine, Kingsport, Tenn.) practices pediatrics in Kingsport.

The Browns have three children: a son who is an attorney; another son who is supervisor of Home Social Service in Sullivan County, Tennessee; and a daughter who is executive secretary to a Tennessee congressman in Washington. There are two grandchildren—a boy and a girl.

1930

PAUL R. SPARKS (102 W. Broad St., Burlington, N. J.), a private practitioner specializing in allergic diseases, is chief of the Allergy Clinic at the Burlington County Memorial Hospital in Mt. Holly and is also an associate in medicine at Jefferson Medical College Hospital.

One of his sons, Paul C., is a senior at Hahnemann Medical College in Philadelphia. His other son, John C., is doing graduate work in history at Samford University in Birmingham, Ala.

1933

JOHN R. HEIDENREICH (Daggett, Mich. 49821) is in the private practice of urology in the Upper Peninsula of Michigan. He is actively interested in postgraduate medical education and medical politics and is at present a delegate to the AMA from his state society.

He and his wife have four children, all grown, and three grandchildren.

CAMERON F. McRAE (62 Water St., Binghampton, N. Y.) graduated from the Medical College of Virginia in 1935 and obtained his M.P.H. from UNC in 1958. He has been in public health work since 1946, and in 1964 became the Commissioner of Health for Broome County. A member of the Army Reserve since 1937, he is at present assigned to the 73rd Field Hospital in Binghamton, with the rank of lieutenant colonel. As Deputy Director of Civil Defense for Broome County, he is in charge of the medical aspects of the program. He is also vice chairman of the Broome County Mental Health Board and a fellow of the American Public Health Association.

His nonprofessional activities have included work with the Boy Scouts and Red Cross for many years. He is an active member of Trinity Memorial Episcopal Church and is at present an associate teacher in the church school. Since 1954 he has been a contributor to *The Upper Room*, a booklet of daily devotions.

JOSEPH M. SHACHTMAN (9735 Wilshire Blvd., Beverly Hills, Calif.) has just retired as Chief of Cardiology of the Mount Sinai Division of Cedars-Sinai Medical Center and is at present developing a large coronary care unit at a private hospital.

His oldest son is married, has a daughter, and is now a freshman at Albany Medical School. His second son is a third-year student of architecture at the University of California at Berkeley. His daughter graduates from high school this year.

1936

DOROTHY N. GLENN is in Vietnam serving with the Agency for International Development (AID) as medical consultant to the Vietnamese Ministry of Health. Dorothy, who established the first maternal and infant clinic in Gaston County 29 years ago, is teaching and working to improve Vietnamese hospitals and clinics. Her son John, a second lieutenant in the Marine Corps, expects to be sent to Vietnam after completing flight training.

Having collected the military addresses of servicemen in Vietnam whom she delivered as babies during the 27 years that she has practiced obstetrics and gynecology in Gastonia, she hopes to visit each of them during her tour of duty.

1937

JULES B. AARON (154 Beach 142nd St. Neponsit, N. Y. 11694) has a son, Roy, who is a third-year medical student at Downstate Medical Center in New York.

B. FRANCIS BARHAM (530 S. Cox St., Asheboro, N. C. 27203) has been in general practice in Asheboro for 22 years. He writes that he is blessed with a good town, good hospital, and wonderful men to work with.

Francis and his wife, Nancy, have five children, three of whom attend UNC:

Bob, a second-year dentistry student; Frank, in his first year of medicine; Mac, a freshman at State University at Raleigh; and Betty and John, still at home.

ARTHUR I. SIMS (3215 Columbia Pike, Arlington, Va.) received his M.D. degree from Jefferson Medical College in 1939. He is in the private practice of pediatrics and is Clinical Associate Professor of Pediatrics at Georgetown University Medical School. Arthur is also assistant director of the Rheumatic Fever Program for the District of Columbia.

1942

F. A. (TED) BLOUNT (2240 Cloverdale Ave., Winston-Salem, N. C. 27103) is practicing general pediatrics. Last year he spent six months at Johns Hopkins Medical School as an NIMH fellow in child psychiatry; he writes that this experience was an eminently rewarding one. Ted is medical consultant to Project Headstart in Winston-Salem and is a director of the newly consolidated N. C. Blue Cross and Blue Shield, Inc. He is also chairman of the Medical Alumni Visiting Committee.

O. WATTS BOOTH (1 Douglas Dr., Newport News, Va. 23601) has been engaged in the group practice of pediatrics since 1949. He is a diplomate of the American Board of Pediatrics. and a member of the American Academy of Pediatrics. In 1957 he served as president of the Virginia Pediatric Society.

The Booths have two sons, 19 and 15 years of age.

LOUIS D. HAYMAN, JR. (1905 South Dr., Jacksonville, N. C. 28540) has been engaged in the practice of internal medicine in Jacksonville for 12 years. He was certified in internal medicine in 1954 and elected to fellowship in the American College of Physicians in 1967. Louis is chairman of the Intensive Care Committee of the Onslow Memorial Hospital and has written the manual on policies and procedures used in its Intensive Care Unit.

He and his wife, Carol, have two children: Richard, a senior at UNC, and Susan, a senior at Jacksonville High School.

JOHN B. McDEVITT (250 E. 73 St., New York 10021) is engaged in the private practice of psychoanalysis and is a training analyst for the New York Psychoanalytic Institute as well as Clinical Assistant Professor of Psychiatry at the Downstate Medical Center of the State University of New York. He also serves as a lecturer at the Summer Institute of the Columbia University School of Social Work. He is carrying out research in child development at the Masters Children's Center, New York City, and at the Yale University Child Study Center.

John's older daughter, Dana, is a painter; she was married last fall and lives in New York City. His younger daughter, Lindsay, is a student at the University of Missouri and plans to become a teacher. John plays the clarinet and is interested in photography.

JOHN HAMILTON MILLER (2020 Flamingo Dr., P. O. Box 551, Bartow, Fla. 33830) graduated from Emory University School of Medicine in December, 1943. Since completing an internship at the U. S. Naval Hospital in Jacksonville, Fla., in 1946, he has been on inactive duty status with the U. S. Naval Reserve. He served a year as assistant resident in surgery at the C. W. Long Memorial Hospital in Atlanta. From 1947 to 1951 he was a staff member at the Polk County Hospital in Bartow, where he has been engaged in the private practice of general medicine and surgery since 1948.

In 1944 he married Betty Kennedy. They have a 19-year-old son, John Kennedy Miller.

GEORGE W. PLONK (810 W. King St., Kings Mountain, N. C. 28086) received his M.D. degree from Jefferson Medical College in 1944 and interned at Lankenau Hospital in Philadelphia for nine months. After two years of service in the U. S. Army Medical Corps, he engaged in general practice in Murphy for two years before returning to Philadelphia for further study at the University of Pennsylvania Graduate School of Medicine. After a three-year surgical residency at Lankenau Hospital, he was certified by the American Board of Surgery in 1952. He began the practice of general surgery in Raleigh but moved to Kings Mountain in 1957. He is a fellow of the American College of Surgeons.

ROBERT E. SUMNER (804 Myrtle Dr., Rock Hill, S. C. 29730) is practicing medicine in Rock Hill in partnership with F. W. Kiser and C. H. Hicklin.

Bob and his wife, Betsy, have three children: Beth (18), Bobby (16), and Jane (12).

R. BERTRAM WILLIAMS, JR. (308 N. Third St., Wilmington, N. C. 28401) has been practicing general and thoracic surgery in Wilmington since 1951 and is Chairman of the Department of Surgery of the New Hanover Memorial Hospital. He is a Fellow of the American College of Surgeons.

The Williams have two children—a daughter, Cheri, who is a junior at Converse College, and a son, Bert, who is a senior in high school. Bertram is a Deacon of the First Baptist Church and a Rotarian.

1943D

TRUETT BENNETT (Straub Clinic, 888 S. King St., Honolulu, Hawaii) moved to Honolulu five years ago and is practicing otolaryngology at the Straub Clinic. His wife, the former Patricia Henritzy (UNC '43) is taking post-graduate work at the University of Hawaii. Their 19-year-old son, Vann, is a sophomore premedical student at Stanford University. Another son, James (age 15), is attending Iolani Prep School.

GEORGE B. JOHNSTON (127 McArthur St., Asheboro, N. C. 27203) is engaged in a partnership practice of general surgery in Asheboro.

He is the father of three children: George, Jr., a sophomore at N. C. State University; Amy, age 15; and Sara Neil, age 10.

FRANK P. SMITH (Gorgas Hospital, Balboa Heights, Canal Zone) has been assistant chief of the medical service at Gorgas Hospital since 1954.

He married Thora Mykland in 1948, and they have four children. His chief nonprofessional interests are traveling, fishing, and other water sports.

1944

WILLIAM H. BELL, JR. (P. O. Box 2065, New Bern, N. C. 28560) completed his residency training in radiology at Johns Hopkins in 1952 and has practiced in New Bern since that time.

His wife is the former Bobbie Jenkins from near Chattanooga. They have four children: two girls, now students at St. Mary's, and two boys, 12 and 14 years old.

FRANCIS P. KING (709 Professional Dr., New Bern, N. C. 28560) has been engaged in the private practice of internal medicine in New Bern since 1952. In 1963 he became associated with Drs. John R. Baggett and Robert P. Holmes, both of the class of 1956.

The Kings have five children, the oldest of whom is married and is now living in Germany.

ISAAC V. MANLY (1300 St. Mary's St., Raleigh, N. C. 27605) is engaged in the private practice of surgery with his brother, James H. Manly, Jr.

His daughter is at Wellesley, and his son is in preparatory school at Virginia Episcopal School.

ROBERT K. QUINNELL (1544 Longfellow St., McLean, Va. 22101) finished his medical education at Cornell in 1946 and did both his internship and his residency in general surgery at Rochester, N. Y. He joined the Air Force and, after a residency in obstetrics and gynecology, decided to specialize in aviation medicine. In 1955 he received a Master of Public Health degree from Harvard University's School of Public Health, and in 1958 he was certified by the American Board of Preventive Medicine (in Aviation Medicine).

Bob retired from the Air Force in 1967 and is now Director of Medical Relations for the Pharmaceutical Manufacturers Association. He also does some part-time work in community medicine in northern Virginia.

ROGER A. SMITH (365 E. 21st St., San Bernardino, Calif. 92404) has been engaged in the private practice of neurology and neurological surgery in San Bernardino since 1953. He is Assistant Professor of Clinical Neurosurgery at the Loma Linda University. He and his partner are on the staff of St. Bernardine's Hospital, which has a rotating service (including neurology and neurological surgery) for senior medical students.

During the past five years he has studied at the National Hospital at Queen's Square in London and at the Sahlgrenska Sjukhuset of the University of Gothenburg in Sweden.

1945

C. T. (MIKE) MANGUM (Box C, Eden [Leaksville], N. C. 27288) is no longer serving as part-time Health Director of Rockingham County but is devoting his full time to private practice.

His daughter, Michele, will enter Carolina as a freshman in the fall. His second wife's son, Tim Kirkpatric, is at Carolina on a football scholarship.

FERDINAND SZABO (630 E. 16th St., Berwick, Pa. 18603) practices general surgery and is chief of surgery in a 200-bed hospital.

His son Robert, age 19, is a freshman at Wake Forest University. He has two daughters: Janet, 13, and Lydie, 11. He and his wife are hosts this year to an exchange student from Hassleholm, Sweden.

1946

COLEMAN M. WHITLOCK, JR. (1509 Riverview Dr., West, Elkhart, Ind. 46514) obtained his M.D. degree from the University of Pennsylvania in 1947. After three years of postgraduate training at the Pennsylvania Hospital and the Children's Hospital of Philadelphia, he spent a year in Mount Airy, during which he served as staff pediatrician at Martin Memorial Hospital and as an assistant professor at the Bowman Gray School of Medicine. During a year in the Army he was stationed at the U. S. Army Hospital in Fort Hood, Texas, and then he returned to North Carolina, where he spent two years practicing medicine and surgery in Concord. He then took postgraduate work in the fields of nuclear engineering, radiation safety, aviation medicine, solar energy, aerospace medicine, and physical sciences. In 1946, after serving as a consultant or executive in various aeronautical and chemical firms, he became Chief of Plant Health Services for the Commonwealth of Pennsylvania. Since 1966 he has been U. S. A. Medical Director of the Ames Company, a division of Miles Laboratories, Inc. in Elkhart. He is also on the staff of the Elkhart General Hospital.

Cole's inventions in the field of electronics, computers, cybernetics, nuclear science, physics, chemistry, and aerospace systems are a valving system for sealed cabins and an integrated omnienvironmental ground test facility for performing air-space systems, manned and unmanned.

IRA ABRAHAMSON, JR. (925 Fifth-Third Bank Bldg., Cincinnati, Ohio 45202). At the meeting of the American Academy of Pediatrics held in Washington in October, 1967, Ira Abrahamson, Jr. and his father, Dr. Ira Abrahamson, Sr., were awarded the gold ribbon first award in teaching for their scientific exhibit entitled "Anterior Segment Eye Diseases." This father-son combination was also honored at the meeting of the American Academy of Ophthalmology held in Chicago, October 31 through November 3, 1967. Their film entitled "Cataract Surgery" won the Third International Barraquer Award as the outstanding contribution to the teaching of opthalmology through cinema photography.

1947

MARY E. MATTHEWS (8106 Harford Rd., Baltimore, Md. 21212) is practicing pediatrics and is also serving as Assistant Health Officer of Baltimore County.

JAMES F. NEWSOME (UNC School of Medicine, Chapel Hill, N. C. 27514) graduated from Vanderbilt University Medical School in 1949 and served a year's internship at the Medical College of Virginia in Richmond. During his two years in the Air Force, he was stationed in Japan, acting as Chief of Surgery at the Station hospital, first at Johnson Air Force Base and then at Misawa Air Force Base. Upon his discharge in 1952 he returned to Chapel Hill, where he joined the staff of the then new NC Memorial Hospital as an assistant resident in surgery. After completing the surgical residency in 1956, he remained on the surgery staff. He is Director of the Tumor Clinic and an associate professor of surgery.

He and his wife, the former Alice Bryant, have three children.

J. LLOYD PATE (208 Iona St., Fairmont, N. C. 28340) is doing general practice in association with Dr. C. E. Inman. He is a past president of the Robeson County Medical Society, the Rotary Club, and the Shrine Club. His hobbies are golf, genealogy, and collecting old medical books.

Lloyd and his wife, the former Bernice Russ, have one son, Jim, age 13.

C. ROY ROWE, JR. (Medical Arts Building, Statesville, N. C. 28677) practices general surgery in Statesville and has been on the staff of the Iredell Memorial Hospital for eleven years. He is a member of the County Morehead Award Committee and has served as president of the Iredell County Society, as a director of the Statesville Rotary Club, and as president of the Iredell County Red Cross Chapter.

Roy is married to the former Helen Castine of Jacksonville, Fla.; they have three sons and a daughter. His hobbies are tennis and golf.

1948

SHIRLEY L. RIVERS (1670 Clairmont Rd., Box 29457, Atlanta, Ga.) left the Veterans Administration on November 6, 1967, to become Regional Director of the Red Cross Blood Center in Atlanta.

1949

HARRY G. WALKER (310 Davie Ave., Statesville, N. C. 28677) is engaged in the general practice of medicine in partnership with John T. Stegall (UNC '42).

Harry's outside interests are boating, water-skiing, and fishing on Lake Norman.

EDWIN W. MONROE (1800 W. Fifth St., Greenville, N. C. 27834), a native of Laurinburg and a fellow of the American College of Physicians, assumed his duties as the first director of the Institute of Life Sciences and Community Health at East Carolina University in Greenville on December 1. The purpose of the institute is to seek ways of meeting the health needs of eastern North Carolina.

He will continue the private practice of internal medicine in Greenville, where he is Chief of Medicine at Pitt County Memorial Hospital.

1958

ANDREW J. COURTS (1024 Professional Village, Greensboro, N. C.) is practicing child psychiatry in Greensboro.

He and his wife, the former Nancy Fleming, have two sons, ages 4 and 2.

CHARLIE MACY (116 Meadowood Dr. Lansdale, Pa. 19446) was certified by the American Board of Internal Medicine in November, 1966, and is now engaged in the group practice of internal medicine in Lansdale.

He has two sons, ages 7 and 4. For recreation he plays tennis and golf.

FRED R. STOWE, JR. (105 Arnold Cr., Biloxi, Miss. 39531) is at present a major in the U. S. Air Force and is chairman of the Department of Pediatrics at Keesler Air Force Base Hospital.

Fred and his wife, Barbara, have two children: Holly, 8 years old, and John, 6 years old.

CHARLES D. WALLACE (North Carolina Memorial Hospital, Chapel Hill, N. C. 27514) completed a residency in psychiatry at NC Memorial Hospital in 1962 and served three years as Chief of the Neuropsychiatric Service, U. S. Army Medical Command in Japan. In 1965 he returned to the medical school as an instructor in the Department of Psychiatry. In July, 1967, he received a Career Teacher Award from the National Institute of Mental Health.

1967

JAMES H. BLAIR (Toccoa Clinic Medical Associates, Toccoa, Ga. 30577) is practicing obstetrics and gynecology with a clinic group in northeast Georgia. He became Board-certified in November, 1967.

ROBERT CARL BRITT (1406 Colewood Drive, Durham, N. C. 27705) completed a fellowship in pulmonary diseases at Duke University Medical Center in June, 1967. Since then he has been in private practice with four other internists in Durham. He and his partners are building a new office, to be completed in September.

Carl and his wife, Aileen, have two children: Jennifer Dianne, age 7½ and Jeffrey Randall, age 5½. He rarely has time for his hobby of golf, but says he enjoys watching UNC sports, especially the basketball team.

WILLIAM S. GIBSON, JR. (Geisinger Medical Center, Danville, Pa. 17821) will complete a residency in otolaryngology in July and will remain on the staff at the Foss Clinic and the Geisinger Medical Center. He hopes to confine his work largely to pediatric otolaryngology.

JOHN C. GRAHAM, JR. (121 Stonewall Place, Newport News, Va. 23606) was in general practice in Newport News until July, 1967, when he began a radiology residency at Riverside Hospital in Newport News.

CLAUD M. GRIGG (3918-D Providence Rd., Charlotte, N. C. 28211) is entering the practice of internal medicine in partnership with three other internists at 217 Travis Ave., Charlotte.

The Griggs have a 2-year-old adopted daughter, Beth.

PAUL A. (TONY) GUILES (3445 Xenophon St., San Diego, Calif.) interned at the U. S. Naval Hospital in St. Albans, New York, and took a two-year residency in anesthesiology at the U. S. Naval Hospital in San Diego, California. After serving for three years as staff anesthesiologist in the U. S. Naval Hospital at Camp Lejeune, he was released from the Navy on August 1, 1967. He has joined a large group of anesthesiologists (37) in private practice in San Diego. He is located at the Children's Hospital.

Tony and his wife, Sue, have four children—three girls and a boy. For recreation, he plays golf.

MALORY A. (DICK) PITTMAN, JR. (Wilson Clinic, Wilson, N. C. 27893) interned at the University of Pennsylvania Hospital and then took a four-year surgical rseidency at Grady Memorial Hospital in Atlanta. Since July, 1966, he has been associated with the Wilson Clinic in the private practice of surgery. He was certified by the American Board of Surgery in September, 1967.

Dick and his wife, the former Mary Wright, have three children: Kathy, 11; Mal, 9; and Steve, 6.

LEONARD E. REAVES, III (2704 Ft. Bragg, Rd., Fayetteville, N. C. 28303), took a straight medical internship at the Medical College of Virginia, a medical residency at the University of Florida Teaching Hospitals and Clinic, and a Gastroenterology Fellowship at the Lahey Clinic in Boston. After spending two years in the Army at Womack Army Hospital in Fort Bragg, he has entered private practice in Fayetteville.

Leonard and his wife, Gayle, have a 1-year-old son, John Clark.

EDWARD A. (TED) SHARPLESS (612 Simpson St., Greensboro, N. C. 27401) took his internship and a 3½-year residency in pathology at Bellevue-NYU in New York City. This included about six months' training in forensic medicine at the Office of the Chief Medical Examiner under Dr. Milton Helpern. He then spent one year doing research on rheumatoid diseases with Dr. Norman Cooper at NYU Medical School. In 1966 he came back to North Carolina for an 18-month residency in clinical pathology at Moses Cone Hospital in Greensboro. Since passing his anatomical and clinical boards in pathology in May, 1967, he has been pathologist at Alamance County Hospital and Memorial Hospital of Alamance County in Burlington, associated with Dr. George Kerr.

Ted and his wife, the former Martha Korneway ('59) have four children: Liza, 6; Alice, 4; Kelly, 2½; and Neal, 1½.

JERRY EDWARD SMITH (Charity Hospital, New Orleans, La. 70100) spent six years in the Air Force after his graduation. In 1968 he began a residency in obstetrics and gynecology at Charity Hospital.

ZEBULON WEAVER, III (Womack Army Hospital, Fort Bragg, N. C. 28307) practiced internal medicine and hematology in Asheville from July, 1965 until July, 1966, when he entered active duty in the Army as a captain in the Medical Corps. He is now assistant chief in the Department of Hospital Clinics and chief of the Medical Clinic at Womack Army Hospital in Fort Bragg. He reports that he is anxiously awaiting his discharge on July 2, 1968, when he will return to Asheville to reopen his office at 12 W. Doctors Building, Doctors Drive.

Zeb and his wife have two children: Amanda, age 3, and Rebecca, age 1½.

DONN A. WELLS (600 Beaman Street, Clinton, N. C. 28328) is in general practice in partnership with William L. Owens (also of the class of '61). Upon completion of new office space now under construction, two other local general practitioners will join the partnership. They expect to expand into a six-man group in the near future and are looking for prospective partners.

1966

KARL L. BARKLEY (1106 Hill St., Greensboro, N. C. 27408) is practicing obstetrics and gynecology in Greensboro.

K. EUGENE BOSTIAN (500 W. Milwaukee St., Janesville, Wis. 53545) is a pediatrician working in a multi-specialty clinic.

He and his wife have three children.

JERRY J. ELLER (280 Salem St., Aurora, Col. 80010) served a year's medical internship at Jefferson Medical College Hospital and a two-year residency in pediatrics at St. Christopher's Hospital for Children, associated with Temple University, in Philadelphia. From 1965 to 1967 he was an NIH postdoctoral fellow in virology and infectious diseases at the University of Colorado Medical Center in Denver. Last August he was named Chief of the Virology Section, Microbiology Division, of the U. S. Army Medical Research and Nutrition Laboratory at Fitzsimons General Hospital in Denver. He is also a clinical instructor in pediatrics at the University of Colorado Medical Center, a consultant in pediatric infectious disease for Fitzsimons General Hospital, a consultant in infectious disease for the Denver Children's Hospital, and an investigator of respiratory virus vaccine testing and surveillance, under contract with the National Institute of Allergy and Infectious Diseases.

MARION GRIFFIN (419 Hickory Dr., Chapel Hill, N. C. 27514), after serving two years in the Air Force, returned to NC Memorial Hospital for a residency in general surgery. When this is completed next year, he plans to enter private practice somewhere in the state.

Marion and his wife have three children: Elizabeth, Christa, and Marion, Jr.

EDWARD McG. HEDGPETH, JR. (445 E. 68 St., New York, N. Y. 10021) will finish a residency in opthalmology at New York Hospital—Cornell Medical Center in June. After a year of fellowship divided between Bellevue-N.Y.U. and the Children's Hospital of the District of Columbia, he plans to enter group practice in central North Carolina.

CHARLES M. HICKS (1822 Glen Meade Rd., Wilmington, N. C. 28401) completed a pediatric residency at NC Memorial Hospital in 1965 and then served two years in the U. S. Army. Having passed his pediatric board examination while in the Army, he returned to his home town of Wilmington in August, 1967, to enter the private practice of pediatrics.

ARTHUR S. LYNN, JR. (Glen Heights, Chapel Hill, N. C. 27514) served a year's internship in medicine at NC Memorial Hospital after his graduation. After two years of military service, during which he was on active duty as a flight surgeon with the U. S. Air Force, he served as assistant resident in medicine at the University of Florida from 1965 to 1967. Now a fellow in clinical cardiology at NC Memorial Hospital ('67-'68), he is planning to practice internal medicine somewhere in the Piedmont section of North Carolina.

The Lynns have three children: Margaret (age 5), Arthur III (age 3), and Jeff (age 1).

JOHN D. MARRIOTT (6854 Bamburgh Dr. San Diego, Calif. 92117) is in the third year of his radiology residency at the U. S. Naval Hospital in San Diego.

He and his wife, Ellen, have three children: John, Jr., Elizabeth, and Ellen.

REGINALD G. MASON, JR. (Dept. of Pathology, UNC School of Medicine, Chapel Hill, N. C. 27514) took his internship and residency in pathology at NC Memorial Hospital. He is now an assistant professor in the Department of Pathology, engaged in the teaching and practice of anatomic and experimental pathology and in research on blood-polymer compatibility for the Artificial Heart Program. His principal research interest is in thrombosis and hemorrhage and in the role platelets play in these phenomena.

Reggie is married to the former Donnie M. Payne of Winston-Salem.

WILLIAM A. NEBEL (U. S. Naval Hospital, San Diego, Calif. 92134) is chief of the gynecologic oncology service at the largest military hospital in the world.

He reports that he likes Southern California very much, but that it "sure is hard to get that tar off your heels!"

CARL S. PHIPPS (616 Forsyth Medical Park, Winston-Salem, N. C. 27103). After completing his internship and one year of residency at NC Memorial Hospital, he combined his second year of residency with a fellowship in endocrinology at Duke University Medical Center. In July, 1966, he began the practice of internal medicine in Winston-Salem, in partnership with Dr. Gray T. Boyette. His subspeciality is endocrinology and metabolism, and he is a director of the newly organized North Carolina Diabetics Association.

In 1960 Carl married Ann Dickson. Their four children (two boys and two girls) range in age from 6 months to 6 years.

WILLIAM R. PITZER (1344 Westmoreland Ave., Syracuse, N. Y. 13210) took a year's surgical internship at Upstate Medical Center in Syracuse before entering the U. S. Army Medical Corps in 1963. He was stationed at Fort Jackson, S. C., for a year and then spent a year in Vietnam as commander of the 16th Medical Dispensary. While in Vietnam, he was awarded the Bronze Star. After his discharge from the Army, he returned to Upstate Medical Center as a first-year surgical resident. He is now in his second year as a resident in otolarynology and reports that three other UNC graduates are associated with the Upstate Medical Center: Craig Roberts ('65) and Marshall Redding ('64) in the Department of Surgery and Malcolm McLeod ('65) in the Department of Psychiatry.

He and his wife, Amy, have three sons: David Ross, age 7; William Gregory, age 5; and Kenneth Norman, 8 months.

JAMES FRANKLIN SMITH (15910 S.W. 100 Ct., Miami, Fla. 33157) served an internship at the U. S. Public Health Service Hospital in Baltimore and a four-year residency in obseterics and gynecology at the University of Maryland Hospital before joining the Air Force in 1967. He is now Chief of Hospital Services and Chief of Obstetrics and Gynecology at Homestead Air Force Base, Florida.

In 1963 he married Anne Sweeney, a graduate of UNC. Their daughter, Midge Murray, was a year old in January.

RICHARD L. TAYLOR (105 College St., Oxford, N. C. 27565) served in the Baltimore City Hospitals under their Family Practice Program for two years after his graduation. From 1964 to 1966 he was Senior Medical Officer aboard the *USS General J. C. Breckenridge*. In November, 1966, he entered general practice in Oxford in association with Dr. Rives W. Taylor '24 and Dr. R. L. Noblin.

Last December Dick was married to Miss Julia Ann Hamme of Oxford.

1963

NEIL C. BENDER (400 Randolph St., Thomasville, N. C.) became associated with George P. Highsmith in the practice of internal medicine on July 1, 1967.

WILLIAM R. BURKE (Psychiatry Department, U. S. Naval Hospital, Charleston, S. C.) completed a senior residency in psychiatry at the University of Kentucky before joining the Navy in September, 1967.

Last year he married Linda Patricia Dix of Newport News, Va.

JOHN W. DALTON, JR. (Cleveland Metropolitan General Hospital, Cleveland, Ohio) just completed two years of active duty with the U. S. Navy, serving in the 7th Fleet off the Vietnam coast and in Japan. He is now serving a second-year residency in internal medicine at Cleveland Metropolitan General Hospital, Western Reserve University, and plans to begin a two-year fellowship in pulmonary diseases in July.

WILLIAM B. DEAL (1772 S.W. Thirty-sixth Pl., Gainesville, Fla.) worked in the Department of Infectious Diseases at the City Hospital, University of Edinburgh, during September and October, 1967. Currently he is a senior resident in medicine at the University of Florida Hospital in Gainesville.

He and his wife, Bibby, have two girls—Kimberly and Kathleen, ages 3½ and 1½.

CHARLES I. LOFTIN (1537 Abbey Ct., Winston-Salem, N. C.) is now in his second year of residency in internal medicine at the North Carolina Baptist Hospital.

The Loftins have one child, Catherine, age 2½.

CHESTER W. TAYLOR, JR. (CMR 4688, 377th USAF Disp., APO San Francisco, Calif. 96201) completed his medical specialty training with the Harvard Department of Neuropsychiatry in Boston in June, 1967, and volunteered for a tour of duty with the Air Force in southeast Asia. He is currently serving in Vietnam at the Tan Son Nhut Air Force Base.

The Bulletin is grateful to the above responders to our request for news items. We hope that other alumni will also send us information about themselves for publication in future issues. It is also urged that you send us informal snapshots that might be used to illustrate your news account.

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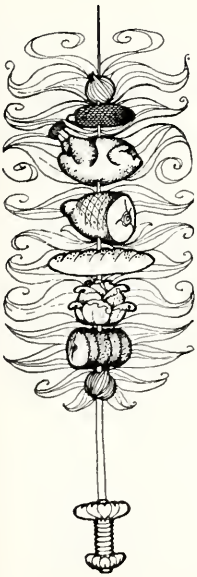

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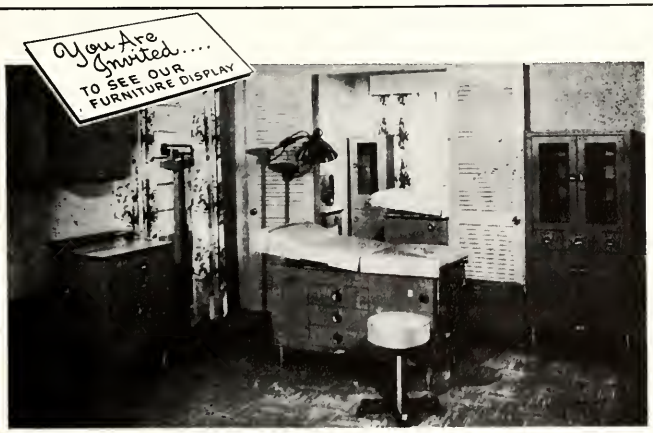

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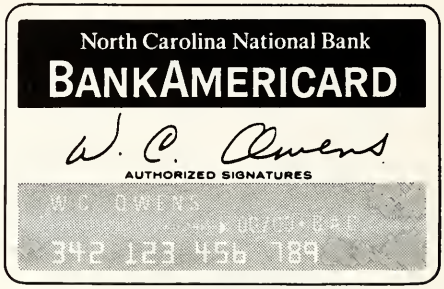

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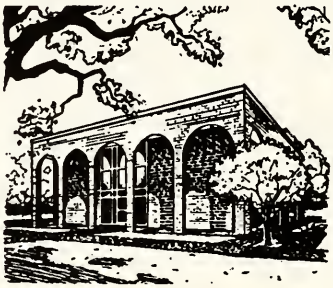

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ON THE COVER

Dean Isaac M. Taylor congratulates recipients of The Alumni Distinguished Service Awards in recognition of "high service to medicine and to (their) fellow man." From left: Dr. James E. Davis ('42) of Durham, incoming president; Mr. J. C. Cowan, Jr. of Greensboro (father of Dr. Robert J. Cowan, ('63); and Dr. Edgar T. Beddingfield, Jr. ('46) of Wilson. A fourth recipient, Dr. Amos N. Johnson ('31) of Garland was in Africa at the time.

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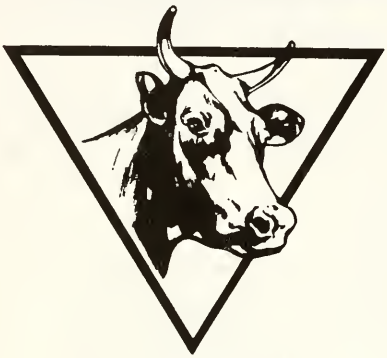

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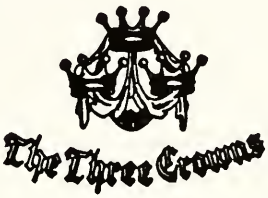

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MEDICAL ALUMNI ASSOCIATION
UNC SCHOOL OF MEDICINE

PROGRAM

APRIL 5, 1968

3:30 North Lobby, Carolina Inn—Registration

5:30 Ballroom, Carolina Inn—Social Hour

6:30 Ballroom, Carolina Inn—Alumni Dinner

Presiding: *H. McLeod Riggins*, M.D.

Welcome: *Chancellor J. Carlyle Sitterson*, Ph.D. University of North Carolina at Chapel Hill.

"Are Medical School Faculties Qualified to Teach Medicine?":
Dickinson W. Richards, M.D., Nobel Laureate in Medicine and Lambert Professor of Medicine, Emeritus, College of Physicians and Surgeons, Columbia University.

"Universities and Their Medical Schools":
Henry T. Heald, Ph.D., Consultant to Institutions of Higher Education; Former Chancellor, New York University; Past President, Ford Foundation.

Presentation of Certificates to Members of the Classes of March and December, 1943.

Presentation of Distinguished Service Awards.

APRIL 6, 1968

9:00 Hill Hall—Panel Discussion

Medical School-University Relations

Presiding: *H. McLeod Riggins*, M.D.

Moderator: *President William C. Friday*, LL.D.

Panelists:

William Danforth, M.D., Vice Chancellor in Charge of Medical Affairs, Washington University, St. Louis, Mo.

Mr. Henry T. Heald, Consultant, Higher Education, New York; Former Chancellor, New York University; Past President, Ford Foundation

Mr. Watts Hill, Jr., Chairman, N. C. Commission of Higher Education

H. Houston Merritt, M.D., Dean, College of Physicians and Surgeons, Columbia University

C. Arden Miller, M.D., Vice Chancellor for Health Sciences, University of North Carolina at Chapel Hill

Dickinson W. Richards, M.D., Nobel Laureate in Medicine and Lambert Professor of Medicine, Emeritus, College of Physicians and Surgeons, Columbia University

Stuart M. Sessoms, M.D., Deputy Director, N.I.H., Bethesda, Maryland

Chancellor J. Carlyle Sitterson, Ph.D., University of North Carolina at Chapel Hill

Dean Isaac M. Taylor, M.D., U.N.C. School of Medicine

Louis G. Welt, M.D., Chairman, Department of Medicine, U.N.C. School of Medicine

The Honorable Thomas White, North Carolina State Senator, Kinston, N. C.

Nathan A. Womack, M.D., Kenan Professor of Surgery, U.N.C. School of Medicine

General Discussion

Adjournment

1:15 Ballroom, Carolina Inn—Luncheon and Annual Meeting of the Medical Alumni Association

Presiding: *H. McLeod Riggins*, M.D.

Report of the Constitution and Bylaws Committee—*John R. Chambliss*, M.D.

Report of the Visiting Committee—*F. A. Blount*, M.D.

Report on the School—*Dean Isaac M. Taylor*, M.D.

Report of Nominating Committee

A Tribute to the Members Who Have Died During the Past Year

Adjournment

5:30 Class Reunions

Foreword

Medical School-University Relations

This is a historic issue of the *Bulletin*: It is the first time that its Editorial Committee has devoted an issue to an annual meeting of the Alumni Association. This change in policy represents another important step in the increasingly cordial relations and cooperative effort between the School of Medicine, the Alumni Association and the *Bulletin*. As you know, with the October 1967 issue the name of the *Bulletin* was changed to include the Medical Alumni Association in order to indicate a partnership in its publication and to encourage greater participation on the part of the Alumni in the *Bulletin*. Simultaneously, the Editorial Committee began to devote more space to alumni activities and has been grateful to the response of alumni to its request for news items.

The School of Medicine and its Alumni Association are determined to build more and better bridges of communication between all concerned. The old cliche that united we stand, divided we fall, was never more appropriate and timely than in today's restless and turbulent times. The School of Medicine continues to need enthusiastic loyalty and the full support of the Association in all matters, especially to assist in its expansion program, its teaching and research and its devotion to general excellence, human understanding and service.

Like this issue of the *Bulletin*, our 1968 annual program was unique. Never before had the Association devoted an entire meeting to such a theme, to basic issues of state and national significance in every university and medical school throughout the land. Moreover, it is doubtful if a more experienced, knowledgeable and distinguished panel representing all points of view—the university, the medical school, the foundation, and the state and federal governments—could possibly be assembled anywhere for the purpose of discussing the subject:

"MEDICAL SCHOOL-UNIVERSITY RELATIONS"

Although the *Bulletin* is unable to publish all papers presented at the meeting, I feel sure that you will find those by Drs. William Danforth, Stuart M. Sessoms and James A. Shannon, and Louis G. Welt to be stimulating, informative and challenging. Not only do these authors identify many of the major present and future problems of medical schools and their universities, but more importantly they also suggest constructive solutions by which universities, medical schools, and associated hospitals can turn problems into opportunities for better medical service to the university and the state.

Since fifteen to twenty per cent of all physicians entering medical practice annually in the United States are graduates of foreign medical schools, and because of the continued chronic shortage of medical manpower throughout the country, it is obvious that if the nation is to provide adequate medical services for its people, especially the poor and the aged, then our medical schools must graduate many more physicians than at present. Also, because of the existing fiscal problems at universities and their medical schools, it seems that the only feasible way to rectify this inexcusable and shameful situation is for the federal government to provide adequate funds for *medical education*, just as it has long provided funds for medical research. The physician shortage is not only a state but a national problem; therefore, the national government should significantly aid in solving it. A precedent has already been set—the federal government is presently assisting universities and colleges in their efforts in other higher education activities. There is no discipline that needs federal funds so desperately as that of medical education.

Vice Chancellor Danforth has re-emphasized the sometimes forgotten fact that the university continues to need the medical school and the medical school the university. For the good of the future physician, whether he be private practitioner, teacher, researcher or administrator, the university and the medical school should remain organically inseparable.

Dr. Welt has forcefully outlined the future role of the university hospital in the community, indeed in the state. He has also stressed in a convincing and constructive manner the absolute need for well-trained specialists to serve not only the central university hospital, but also in associated community hospitals.

Drs. Sessoms and Shannon have rightfully called our attention to the great need for additional medical manpower throughout the country. They have explained how federal funds could be made available for medical education, just as they have been made available for medical research, without the federal government assuming any of the essential prerogatives of the university or its medical school.

McLeod Riggins, M. D.
Immediate Past President
Medical Alumni Association

Historical Review and Present Trends

H. McLeod Riggins, M.D.

Throughout the history of medical education, relations between universities and their medical schools, both in Europe and in America, have ranged from complete independence, or autonomy, to organic integration. In most cases, the university's relation with its medical school appears to be more complex and controversial than its relation with other graduate schools.

Fortunately for medicine, medical schools, universities, and the American public, the classical study of Abraham Flexner,[1] made under the auspices of the Carnegie Foundation in 1910, put an end to many autonomous, mediocre and, according to Flexner, "commercialized" medical schools, and restored medical education to its traditional place of honor and dignity within the academic community. Even today, however, there are still a number of independent medical colleges in the United States. Furthermore, even among the schools organically integrated with universities, the affiliation is often quite remote geographically and may be essentially administrative; in such cases, little or no significant academic interface exists between their medical and nonmedical faculties and student bodies.

While recognizing the numerous, mutual, actual and *potential* advantages of a shared administration and geographic proximity, I am one of those who partially agrees with Stetten that each academic discipline, if left to its own devices may well become

> *increasingly engrossed in its own affairs, pays progressively less attention to the affairs of its neighbors. To preserve complete academic and intellectual isolation even when surrounded by academia is unfortunately possible and seems on occasion to be the path of least resistance.*[2]

Brooks has recently emphasized another point of view:

> *A nagging preoccupation affecting medical practice in the United States for more than three decades is a concern over the growing encroachments upon the traditional freedom and "independence" of the physician. Parallel concern with "interdepdendence" is becoming manifest among medical schools.*[3]

It is obvious that many of the problems related to the affiliation of medical schools and universities remain unsolved. If these problems are to be solved in order of priority and for the optimum good of all concerned, they must be brought into the open and faced realistically and objectively. Hence I am glad we selected this subject for discussion at the annual meeting of the Medical Alumni Association. In these revolutionary times—and they are revolutionary, on and off the campus—universities and their medical schools should periodically reevaluate their administrative, educational, and financial relationships and, more specifically, their *academic interface.* It is of even greater importance to keep the medical curriculum up-to-date and in tune with new knowledge, concepts and technology. Too often in the curriculum, precedence, procedure and even substantive subject matter are retained and followed long after they are out-of-date.

Basic Issues Involved

It must be emphasized that present medical school-university relations (and conflicts) have many of their roots in the ancient medical tradition of independence. Recognition of this fact makes it easier to understand some of the problems that arise today. Even when organic affiliation between the medical school and the university exists in reality as well as in name, administrators of teaching hospitals and members of medical school faculties must have a significant degree of independence or autonomy if they are to achieve excellence or even to function effectively.

H. McLeod Riggins, M.D.

In view of the public's increasing demands for better medical care and the continued need for more physicians who are better educated, better motivated, and better trained, continued expansion of medical schools and teaching hospitals becomes an absolute necessity. This burgeoning of medical facilities has heaped mountainous financial burdens on already overburdened, overexpanded, and underfunded universities. Moreover, the university must continue expanding its undergraduate and nonmedical graduate schools in order to meet the increasing public demand for higher education. It is completely unrealistic, therefore, not to expect constant problems related to the conflicting demands of the medical school and other branches of the university. These problems must be solved, however, according to realistic priority needs and not according to expediency.

Let us look briefly at some of the problems related to the integration of medical schools and universities—first from the standpoint of the medical educator and hospital administrator and then from the standpoint of the university administration and faculty.

The Medical School's Viewpoint

Doubtless the primary grievance of medical administrators and educators is that their schools are frequently shortchanged with respect to the overall university priorities and budget planning. In support of this criticism, they advance the following arguments:

1. Good health is the nation's greatest natural resource, and it is impossible to maintain a healthy population without an adequate supply of well-educated physicians, nurses, technicians, and other ancillary personnel; yet there is a chronic and continuing shortage of physicians graduating from medical schools in the United States.

2. The education of well-trained and properly motivated physicians is more prolonged, complex, arduous, and expensive for all concerned than is the education of most other professional men. First-class medical education and residency training are impossible without an atmosphere and spirit of exciting, productive, and meaningful scientific research, scholarly teaching, and devoted service. It is the responsibility of university administrators to find adequate funds for such high-priority needs as space for laboratories, offices, classrooms and medical research.

3. The increasing public demand for more comprehensive medical care for all people has led to such far-reaching government programs as Medicare, Medicaid, and the regional heart, cancer, and stroke centers. The federal government already subsidizes most medical research. Unless the states do even more for their medical schools, it may eventually have to assume greater responsibility in the field of medical education and hence more control of medical schools and their universities. As soon as is feasible, the federal government should assume the major financial responsibility for medical education just as it has done for years with respect to medical research.

Because many university administrators, members of nonmedical faculties, and those responsible for university and state budgets fail to understand fully the basic reasons for the "unusually large" budget requests from medical schools, they continue to make out the university budget on a per-student basis. They must be made to realize that the expense of teaching medical students and training resident physicians is in no way comparable to that of teaching and training other graduate students.

The University's Viewpoint

Complaints voiced by university administrators are all related to two basic issues. One is the independence, or autonomy, of the medical school and teaching hospital. By its basic nature and function, the medical center *must* be independent, but its occasional tendency to consider itself "a law unto itself" may be a hangover from age-old European traditions and customs. The independence of physicians as its roots extended back some 2,000 years, to the early Greek medical schools. If the changing needs of a new type of society are to be met, the academic interface between medical and nonmedical members of the university family should be greatly improved. Academic isolationism on the part of a medical school cannot be justified.

Stated most simply and succinctly, the second grievance voiced by university administrators is that the medical school and its teaching hospital are the expensive, independent, and unpredictable tail that wags an already overburdened dog. The statement that the medical school is by far the most expensive

division or segment of a university is not only true but understandable and inevitable. A particularly sore point is the fact that certain members of the medical faculty often receive higher salaries and more professional income than do nonmedical faculty members with comparable positions. Let those who deplore the unfairness of this situation compare the preparation, the working hours, and the type of work demanded by the two jobs.

In spite of the problems created by the existence of a medical center within a university, most universities are proud of their medical schools and teaching hospitals. The consensus is that medical schools must never again "secede" from the family of higher education, but that the entire university must strive to justify the affiliation by creating true and optimum interface at *all* academic levels—students, instructor, and professor.

Sources of the Conflict Between Medical Schools and Universities

Relatively few university educators and administrators make serious and persistent efforts to discover the reasons for the medical educator's independence, the roots of which are to be found in medical traditions and customs of ancient and medieval times. The medical profession is an ancient, ethical, honored, and scholarly one, and the medical educator has every reason to hold his head high in the university community. According to Stetten,

> *His school is not one of the adnexa of the university. Rather it is the gamete from which the entire structure grew. Although often regarded in the American University tradition as the prodigal stepchild of the university, the medical school is in reality its progenitor.*[2]

With this bold and challenging statement I agree only in part. It is true that in ancient times, and even in the Middle Ages, several medical and law schools were actual *progenitors* of their universities; the great majority of others, however, were only *predecessors.*

The Development of Medical Schools and Universities in Europe

The Greeks were the first to develop rational and scientific systems of medicine and philosophy.[4] These gradually evolved during the seventh and sixth centuries before Christ, or possibly even earlier. Ancient Greek medicine was significantly influenced by the Minoans, the Mesopotamians, and the Egyptians. The Egyptian influence is especially noticeable in the field of medical ethics. The Hippocratic Oath, which exemplifies Greek medical ethics at its highest, reflects a significant Egyptian influence.

It appears that the first Greek medical school was founded at Cos,[4] the birthplace of Hippocrates, in the latter part of the seventh century B.C. From the standpoint of our discussion, it is of particular interest that several internationally recognized Greek and Italian medical schools were founded centuries before any Greek or European university. The names of Aristotle and Hippocrates have been venerated in all nations for more than 2,000 years—not only in the world of medicine but also in the fields of science, ethics, philosophy, and religion. Even today, many of the scientific, philosophical, ethical, and spiritual concepts of Hippocrates and Aristotle are as well known in much of the world as are the teachings of Christ.

The first Italian medical school was founded in Salerno during the ninth century A.D.[5] Nonmedical faculties were added after it had been in operation for decades, and it eventually became the Salerno University, with four major faculties. Here again is an authentic example of a medical school's being the actual progenitor of a university.

Similarly, the famous University of Bologna had its origin in the Bologna Law School.[5] For more than a century, law was the only discipline taught there, and the institution was known as the School of Civil and Canon Law. About 1200 A.D., the faculties of medicine and philosophy were added; these were followed some decades later by faculties of theology and art. Finally, about 1630, Bologna achieved the status of a university. Here is still another example of a professional school's being an actual progenitor of a university.

The University of Paris[6] began to emerge between 1150 and 1170 and became recognized as a university about 1211. It became a model for the many universities rapidly developing in central Europe and in the British Isles. In their early years, the University of Paris and other central European universities, as well as the Universities of Oxford, Edinburgh, and Aberdeen, had "four faculties: three superior, those of theology, canon law and medicine; and one inferior, that of arts."[6]

The Development of Universities and Medical Schools in the United States

The development of medical schools and universities in the United States[1] was along somewhat different lines from that in Europe. In the United States, the university has usually evolved from a school of liberal arts and sciences; more often than not, graduate schools giving degrees in medicine, law, and other professions became integral parts of the university later in its development.

The first medical department to be developed in America was that of the College of Philadelphia (in 1765). Following the merger of Philadelphia College with the University of Pennsylvania, it became the Medical School of the University of Pennsylvania. The second oldest medical department was that of Kings College, founded in 1767, which later became the College of Physicians and Surgeons, Columbia University. It seems that both of these medical schools played important roles in the founding of their respective universities.

The first medical school to be established after the colonies won their independence was the Medical Department of Harvard College in Cambridge (in 1783). Although it later moved to Boston to become more closely associated with larger hospitals, it retained its close affiliation with Harvard College "in name or in fact." It is now the Medical School of Harvard University, with which it has complete organic affiliation. The Medical Department of Dartmouth, a two-year school, was established in 1798 and has maintained its affiliation with that college.

The sound, though noncontractual, affiliations of these four medical schools with their respective colleges gradually weakened, and finally were seriously abridged. The great majority of the numerous medical schools which began emerging in the early part of the nineteenth century and continued to spring up with great rapidity until about 1910 were completely autonomous, having no affiliations in fact or in name with other institutions of higher learning.

The Flexner Report[1]

When the Carnegie Foundation for the Advancement of Teaching came into being, the conditions with respect to higher education in general were such that the trustees offered to carry out a nationwide study of the problem. This study, conducted in the early 1900's, revealed that "a large majority of all the institutions in the United States bearing the name college were really concerned with secondary education."[7]

As one outgrowth of this study of higher education, the Carnegie Foundation, in 1908, engaged Abraham Flexner to study *medical* education in the United States and Canada. Flexner's was the most important and comprehensive study of this type ever undertaken. He and his team personally visited and inspected all medical schools then in operation. They found that, in a little more than a century (1800-1910), the phenomenal number of 457 new medical schools had sprung up in the United States and Canada—many "short-lived and perhaps fifty stillborn."[8] Such a rapid multiplication of medical schools was made possible by the fact that the U.S. Constitution

> *provided no supervision over either medical education or medical practice but left this to individual States which, with a few exceptions have established no regulations in either State Constitutions or laws. The lack of legal safeguards over the chartering of medical schools made it easy for any group of individuals to open them and to grant degrees.*[9]

In 1910, when Flexner finished his studies of the 155 medical schools still functioning, he reported to the Carnegie Foundation:

> *In the wave of commercial exploitation which swept the entire profession so far as medical education is concerned, the original university departments were practically torn from their moorings. The medical schools of Harvard, Yale, and Pennsylvania, became, as they expanded, virtually independent of the institutions with which they were legally united, and have had in our own day to be painfully won back to their former status. For years they managed their own affairs, disposing of professorships by common agreement, segregating and dividing fees, along proprietary lines. In general, these indiscriminate and irresponsible conditions continued at their worst until well into the eighties. The first step towards depriving the medical school of virtual autonomy was taken when the university undertook to collect the fees and thenceforward to administer the finances of the department by means of an annual budget. This took place at Harvard in 1871, at Yale in 1880, at the University of Pennsylvania in 1896. Columbia, which gave up its medical department to the College of Physicians and Surgeons in 1814, contracted a minimal relation with that school in 1860; in 1819 the connection became organic.*[8]

Flexner's report, with the strong backing of the Carnegie Foundation and of leading university and medical school administrators and educators, greatly accelerated the trend that had actually started before his study began—namely, the merger, abolishment, or voluntary closing of approximately 80 of the autonomous medical schools. Most of the remaining 75 gradually returned to the fold of higher education and organic affiliation with universities. As they did, medical education in this country was revolutionized, and for many years it has exemplified the highest standards of professional education.

Time has proved Flexner completely wrong, however, with respect to two of his major contentions. One was that "the independent schools will pass away."[10] Eight or nine medical schools—among them, some of the most outstanding in America—remain independent or autonomous today. Flexner was also wrong in attributing purely "commercial" motives to the hundreds of leading American physicians who participated in founding the autonomous schools. His own published figures prove that "rank commercialism" could not have been a major motive, since the average annual income from teaching was only $291.42 per physician. It is inconceivable that hundreds of prominent physicians would give so much time for so little money. Obviously, there were other motives—namely, professional independence, prestige, and pride.

In his introduction to the Flexner report, Henry S. Pritchett, then president of the Carnegie Foundation, made two observations which are just as applicable and pertinent today as they were 58 years ago. One was that

> *The interests of the general public have been so generally lost sight of in this matter* [medical education] *that the public has in large measure*

forgot that it has any interests to protect. And yet in no other way does education more closely touch the individual than in the quality of medical training which the institutions of the country provide.[11]

The other observation was that "Colleges and universities have in large measure failed in the past twenty-five years to appreciate the great advance in medical education and the increased cost of teaching it along modern lines."[7] University administrators are not solely to blame for these failures; they can not assign funds to medical schools if state legislatures or other responsible bodies have failed to appropriate the necessary funds. However, there is the matter of priorities within the general university budget, over which university administrators have decisive power.

The University of North Carolina and Its School of Medicine

The Founding of the Medical School

The exact date of the founding of the UNC School of Medicine has never been established. Dr. Isaac H. Manning, one of the school's most distinguished professors and deans, is among those who give the date as 1879, citing as evidence a memorandum in the minutes of the University's Board of Trustees for that year. The exact wording of this memorandum, which is of unusual interest and significance, is as follows:

> *The Board being informed that Dr. T. W. Harris has established a Medical School at the University, the Executive Committee is instructed to confer with Dr. Harris and decide whether and upon what terms he shall be made a member of the Faculty without salary.*[12]

According to this memorandum, the "medical school" referred to was not established by the executive committee or the Board of Trustees but by Dr. T. W. Harris. I have recently examined carefully all minutes of the Board of Trustees and its executive committee between 1875 and 1910 and have been unable to find any specific item referring to the establishment of a medical school by either official body in 1879.

The minutes of the Board of Trustees for 1879-80 contain a lengthy report on the Medical Department by President Kemp R. Battle, which reads in part as follows:

> *The experiment several years ago of a Medical and Pharmaceutical Department at the University, with Dr. Thomas W. Harris as Professor was not successful. The cause of the failure is because Dr. Harris, though a learned and able physician, had his time so engrossed by his practice and other business, that his classes were neglected. He had no assistant. Another cause was that he did not take care to get the cooperation of the physicians and druggists of the State before inaugurating the movement, nor did he secure any special terms in regard to shortening the time required by the great Medical Colleges of the North for obtaining a diploma.*[13] [In other words, the Medical Colleges of the North" did not give any credit for his "preceptorial instruction", most of which was given in his private office in Chapel Hill.]

In an official document entitled "A Survey of Medical Education at the University of North Carolina"[14] and dated February, 1933, Drs. Charles S. Mangum, James B. Bullitt, and William deB. MacNider clearly indicated that in their judgment the School of Medicine was founded in 1890, although

> *The beginning of medical instruction at the University of North Carolina dates back to 1879 when, under the direction of Dr. Thomas W. Harris, courses were offered under the old preceptoral system.*[15]

These three former distinguished professors, two of whom were also deans, differentiate between the beginning of medical "instruction" and the founding of the present School of Medicine, and they give the definite date of establishment of the school as 1890:

> *In 1890, under the administration of President George T. Winston, the present Medical School was established as an activity affiliated with the university and Dr. Richard H. Whitehead was called to direct its fortunes.*[16]

In order to dispel any lingering doubt as to the date of the founding of our two-year medical school, it might be wise for the chancellor of the University and the dean of the School of Medicine to appoint a committee to study the records further and make an official statement. The actual date of birth of our medical school is important sentimentally, if for no other reason, and I want to go on record as agreeing with Drs. Mangum, Bullitt, and MacNider that the school was indeed established in 1890 and not in 1879.

The Funding of the Medical School

Far more important than the date of the *founding* of the medical school is the matter of its *funding*. On the basis of budget figures alone, one might think that the University and the General Assembly have been overly generous to the medical school during the past 18 years. Examination of the facts behind the figures tells another story. The paramount and often forgotten fact is that the University's four-year medical school is young and still rapidly developing and expanding. Starting essentially from scratch 18 years ago, it had the tremendous task of "catching up" with older and long-established four-year schools. During this short period the UNC School of Medicine has done what many other leading medical schools

took 50 to 200 years to accomplish: (1) It has founded and built a large plant with essential, though still inadequate, facilities and space; (2) more important, it has recruited and organized an outstanding and smoothly functioning medical faculty, which has done a most commendable teaching job under difficult conditions; (3) it has conceived, inaugurated, and conducted nationally recognized scientific medical research of high quality. These accomplishments alone are unsurpassed in the annals of modern medical education.

But that is not all. In less than two decades, the school has almost doubled its enrollment, whereas it has taken many older schools much longer to do much less. Another important consideration is that the School of Medicine, through its nationally famous program of continuing medical education and with the enthusiastic cooperation of the state's medical profession, has carried on numerous educational services, to the great benefit of the profession and people of the state.*

In view of all these accomplishments, it is not surprising that the medical center's budget appears large in comparison with budgets of other graduate schools of the University. It must be emphasized, however, that 18 years ago neither the University nor the General Assembly had had the experience to know how tremendously expensive it would be to build and continue to fund a first-class, rapidly expanding medical school and teaching hospital complex, to say nothing of the Schools of Nursing, Dentistry, Public Health and Pharmacy.

In the light of these facts, the annual budgets of the School of Medicine and Memorial Hospital, when compared with those of medical schools and hospitals of similar size, are not large. On the contrary, they are small in proportion to the outstanding accomplishments of the past 18 years and the unfinished tasks still waiting to be funded.

The University administrators and the North Carolina General Assembly should realize that the demands for more physicians and more comprehensive medical care by the people of North Carolina simply *have to be met.* Furthermore, if the medical school and its teaching hospital are to avoid the danger of becoming second-class institutions, these demands must receive *first priority* at both the University and the General Assembly levels in 1969.

In summary, it has been my purpose to emphasize again, as have Flexner, Coggeshall, and others, that the medical school should be in all respects—academically, functionally, administratively and, if feasible, geographically—an integral part of the university, in fact as well as in name. Like Stetten, however, I would make such an affiliation subject "to the proviso that something constructive and useful be made of the shared administration."[2]

With the increasing medical conquest of infectious diseases, the profession will need to turn much of its attention to environmental and sociologic causes of disease: air pollution, for example, and the many factors in our modern civilization that contribute to stress and disease. Hans Popper[17] and others have recently emphasized the fact that the increasing development of regional medical centers, organized and equipped to deal with specific disease entities such as heart disease, cancer, and stroke, will not only significantly alter patient-physician relationships but will also create new relationships involving physicians, medical schools, universities, communities, and the state and federal governments.

It seems obvious that the future physician will be increasingly involved in the broadest aspects of health —not just with organic or psychiatric disease as it concerns the individual, but with community, state, and national programs for meeting the health needs of all people.

> *Physicians of the future as the primary product of the medical school* [also, hopefully, increasingly the product of the greater university] *will have to develop attributes which were previously not taught in medical schools.*[17]

If the physician of the future is to be capable, both medically and sociologically, of coping with our rapidly changing society, it is important that functional and academic relations between medical schools and universities be improved and that greater interchange be achieved at all levels. These are some of the present and future challenges to the medical school and university. If these challenges are to be met successfully, optimum medical school-university relations are essential.

**For these and other outstanding accomplishments, the University, its Medical School and Alumni, and the people of North Carolina are greatly indebted to Dr. W. Reece Berryhill, Dean Emeritus, Kenan Professor of Medicine, and one of Carolina's most dedicated and loyal Alumni, and to his University colleagues, especially the Chancellor and former Chancellors, the President of the Consolidated University and to the State Legislators.*

References

1. Flexner, A.: Medical Education in the United States and Canada. A Report to the Carnegie Foundation for the Advancement of Teaching, Bull. 4. New York, The Carnegie Foundation, 1910.
2. Stetten, D.: "The University in Medical Education," in: *Trends in New Medical Schools*, H. Popper, Ed. New York, Grune & Stratton, 1967, pp. 24-28.
3. Brooks, C. L. "A New Independent Medical College Seeks the University," *Ibid.*, pp. 29-33.
4. Singer, C: "Medical History," in: *Encyclopedia Britannica*, ed. 14. London, William Benton, Pub., 1929, v. 15, pp. 197-206.
5. Butler, N. M. and Mudge, I. G.: "Universities in the Middle Ages," *Ibid.*, v. 22, pp. 862-863.
6. *Ibid.*, pp. 863-864.
7. Pritchett, H. S.: "Introduction," in: Flexner, A.: *Medical Education in the United States and Canada*, p. iv.
8. Flexner, A.: Medical Education in the United States and Canada, p. 6.
9. Colwell, N.: "Medical Education," in: *Encyclopaedia Britannica*, ed. 14. London, William Benton, Pub., 1929, v. 15, p. 177.
10. Flexner, A.: Medical Education in the United States and Canada, p. 239.
11. Pritchett, H. S.: "Introduction," in: Flexner, A : *Medical Education in the United States and Canada*, p. xv.
12. Manning, I., quoted by Wells, W. L.: Medical Education at Chapel Hill, *Bull., Sch. Med Unit. N. C.* 2: 4 (Apr.) 1955.
13. Battle, K.: The Trustees' Minutes of the University of North Carolina, University Archives, Southern Historical Collection, 1879-80, pp. 389-390.
14. Mangum, C. S., Bullitt, J. B., MacNider, W. deB.: The Function of a State University. A Survey of Medical Education at the University of North Carolina, Feb., 1933. (Mimeographed)
15. *Ibid.*, p. 3.
16. *Ibid.*, p. 4.
17. Popper, H.: "The Goal," in: *Trends in New Medical Schools*, pp. 169-175.

Academic and Administrative Relations

By William H. Danforth, M.D.
Vice Chancellor for Medical Affairs,
Washington University

William H. Danforth, M.D.

In 1907, William Welch stated, "The historical and proper home of the medical school is the university."[1] To argue this assumption would be to fly in the face of the cumulative wisdom and experience of many-score years. In fact, today the university is repeatedly enjoined to take more responsibility for the education of physicians and also of other health professionals. I will not question the conventional wisdom. As a medical academic, I cherish university guidance, university traditions and atmosphere.

There are many reasons for encouraging and strengthening academic ties. Let me suggest only two that are especially relevant today. First, medical schools need increasing fertilization from nonmedical departments and schools, including chemistry, physics, engineering, mathematics, anthropology, sociology, and law. Second, the intellectual pursuit of the liberal-arts and science faculties will certainly be increasingly involved with the medical schools.

This second statement needs a little development. Today biology is in its golden age. The advances in this science are posing, and will pose, challenges to almost every department of the university and will affect almost every type of human intellectual endeavor; medical schools are bound to play a central role in the coming changes. In fact, I would guess that the future of biologic science in the next decades will lie in human biology. For one thing, the most interesting biologic object for man is man. For another, the unity of living things, which has been well documented, makes it possible for researchers to focus now on man himself. In genetics, for example, the development of tissue culture techniques, may make it unnecessary to carry out extensive work on organisms lying in the scale between the bacteria and man. It may turn out that man is actually easier to study than the fruit fly or the mouse. Science is cumulative, and an extensive store of hard-won knowledge about man's chemistry and physiology is already available in the medical schools. No such knowledge pool exists for any other species.

This type of jump from primitive organism to man may appear less likely in another rapidly moving area, neurobiology, but the eventual thrust of this science must certainly be to understand man, to unravel the relation of thought and action patterns to brain structure and chemistry. Surely, the entire intellectual community must deal with the results of these types of investigations. Other examples might be adduced, but perhaps these are enough to suggest that the research and academic interactions of university and medical center will be mutually beneficial and should be fostered.

Despite the possibilities for mutual academic benefit, relations between medical school and parent university are not always ideal. More problems seem to arise than can be accounted for by disagreements between talented and zestful individuals. One might suggest that the existence of symposia on university-medical-school relations attests to this fact. The root problems seem to me to be related to the different goals of the medical school and its parent university and to center around administration and finance. I am going to risk setting out my own frame of reference, fully realizing its lack of universality or perhaps applicability outside of St. Louis. Some of my colleagues might even further question the relevance *within* St. Louis.

Professional schools are not in most cases considered part of the central core in the university. Medical schools, especially because of their large physical and financial size, are regarded as separate. We medical educators do not like to admit this concept and, perhaps, sometimes delude ourselves. But we are reminded of it each time a university administrator or faculty member expresses concern that medical centers are draining funds from the university. Departments of English and Chemistry are not said to "drain funds" from the university, no matter how much they might cost. These departments are thought of as the university or, at least, as an essential part of it.

It seems to me there are substantial present as well as historic reasons for this attitude toward medical schools. I suggest that primary are the different missions of the medical school and the academic, nonprofessional-school parts of the university. In order to grasp the importance of these different missions,

1. *Papers and Addresses by William Henry Welch.* Baltimore, The Johns Hopkins Press, 1920, vol. 3, p. 90, quoted by L. G. Stevenson, *J. Med. Educ.* 42: 22 (July, pt. 2) 1967.

it is well to remember that by 1970 education and health may be the two largest industries in the United States.[2] The university's college and its graduate schools of liberal arts and sciences are the capstone of the education industry. Their function is to preserve and increase scholarship and intellectual freedom. The medical school, with its medical center, is the professional training ground for health leaders. It is the innovator and pace-setter for the entire health industry. These missions overlap, but they are far from identical.

The different missions include different responsibilities. The medical school has specific responsibilities for the health of the community; its faculty members operate hospitals and clinics and personally care for the sick. The liberal arts and science departments of the university have other interests, different and more general responsibilities.

The day-to-day cares of the university administrators are largely with the nonmedical portions of the whole institution. The medical school tends to do its own recruiting, its own planning, its own grant-searching, and its own financing. The chancellor or president and his staff will be far more involved in performing these functions for the rest of the university.

It is then not surprising that the goals of medical-school and university administrators do not always coincide. The expense of the medical center, at times equaling and exceeding that of the rest of the university, and the importance of society's charge to the medical schools almost assure that these different goals will lead, especially in a time of rapid change, to stresses and strains greater than those between the parent university and her other professional and academic schools. These stresses tend to be most evident at budget time. The funds for medical schools often go through universities but, in a sense, this formal mechanism obscures some of the realities involved.

Risking oversimplification, one may say that medical-school financing is related to the health industry. It is influenced by a perceived need for physicians and health services and by the hopes and expectations of longer life and better health through medical research. General university financing is influenced by the importance put on it by an educated citizenry and the value one places on the maintenance of communities of scholars and free inquiry. The difference is recognized within the Department of Health, Education, and Welfare in that most funding of medical centers comes through the National Institutes of Health.

It may now be wise to recognize this difference similarly at the state and local levels. The medical center, including the medical school, might well be funded quite separately from the rest of the university. It seems to me unwise, for example, to channel core educational funds into medical schools or to have medical funds underwrite the central university functions. Neither private donors nor state legislators should feel that they have discharged their responsibilities to medical education, care, and research by the support of college and university education. Certainly, no one should feel that money going to a medical school or its medical center supports the capstone of general education. I am suggesting that the requests to state legislatures and to donors by medical schools and teaching hospitals be made separately from requests by the remainder of the university.

The corollary is that medical schools may need to be encouraged to assume even more financial and administrative responsibility for their own affairs, perhaps under the surveillance of a committee of the university's governing board, or perhaps under a separate medical-center board interlocking with the governing board of the university. Ultimately authority must continue, however, to be with the university. The university must set academic standards and exercise academic control. Medical schools must not slip back toward becoming trade schools.

Under any system, funding will never be easy. One can guess that no university or medical school is wealthy enough to seize all its opportunities or even all those opportunities considered of first importance. In the private sector, at least, overwhelming financial needs are threatening the very existence of distinguished universities. These survival needs must be cared for, lest an essential part of our national heritage is lost. Medical schools are generally in a more favored position, but only relatively so. The need to adapt to changes in medical science and to assume more responsibility for the health of all the people have today placed severe strains on medical-school resources.

Finally, I should like to suggest certain guidelines for the future. The medical school's heritage as a part of the university is too important to jeopardize because of administrative or financial problems. Academic and intellectual ties must be encouraged. Yet, we must recognize that the missions of the university and its related medical school are not identical. We should strive to educate our diverse patrons to fund both these missions generously. This aim may best be realized by more separation of funding. Medical schools might then be given considerable financial and administrative autonomy and, in turn, be charged with the responsibility of seeing to their own successful fiscal operation. Given this type of autonomy, medical-school administrators and faculty will have to show prudence and restraint in the setting of salaries and in the allocation of hard-won resources for operation or construction that is not of highest priority. Medical centers must be financially as well as academically responsible.

Finally, those of us working with medical schools and universities must remember that we are dealing with two of our nation's most important institutions. There is no substitute for imagination, goodwill, humor, logic, and fair play.

2. Darley, W. and A. R. Somers. *New Engl. J. Med. 276:* 1415, 1967.

SOME NIH STAFF VIEWS

By Stuart M. Sessoms, M.D. *Deputy Director*
and James A. Shannon, M.D., Ph.D., *Director*
National Institute of Health,
U.S. Department of Health, Education and Welfare

Stuart M. Sessoms, M.D.

I am happy to join you on this occasion to discuss a matter of vital importance to us all. The subject of medical school-university relationships is timely in view of three major considerations:

1. Local expansion of medical training potential.
2. National urgency and action to increase medical manpower.
3. The need to explore ways of delivering better medical services while preserving traditional values of independent schools and practitioners.

My remarks will reflect the views of some of the staff at the National Institutes of Health, which is deeply interested in the vitality and productivity of medical schools. This interest stems from the primary NIH mission—the acquisition of new knowledge in the health sciences. I shall highlight one of the major problems confronting medical schools today—namely, the problem of support. In relation to the university, the medical school is often viewed as requiring and receiving more than its share of local resources. This issue, I am sure, will arise more than once in the course of our discussions here.

The National Institutes of Health was one of the first federal agencies to provide funds for major activities in the medical-school setting. Over the past decade, NIH has emerged at the forefront of agencies and institutions supporting medical research projects, training, and construction. The following data bear this out:

Total federal support rose from $27 million in 1947 to $229 million in 1957, then to $1.5 billion in 1967. This is currently two thirds of the total national expenditure for medical research (exclusive of training and construction).

NIH contributes 55 per cent of all the federal funds allocated for this purpose; seventy-five per cent of NIH research funds are awarded in grants to universities, hospitals, and other nonfederal institutions.

A commitment of this magnitude to medical research implies a major responsibility to medical education—not only because the medical schools conduct about half of the research, but also because they supply a substantial portion of the scientific manpower. Replenishment of this manpower is, of course, essential.

Another implicit responsibility concerns the translation of new knowledge into better medical practice and, ultimately, better health.

We might at this point summarize the effects of NIH programs since World War II, as a backdrop for consideration of current problems in medical education and the appropriate federal role in their solution.

After 20 years of NIH support, in which the total NIH appropriation rose from about $3 million to $1 billion, the consequences are:

65,000 senior investigators now at work.

2,000 academic and research institutions whose programs of research and training in the health sciences are being assisted.

30,000 individuals being supported for advanced training in basic science and clinical specialties.

17 million square feet of research space added to the nation's biomedical research and training plant.

A broad and rich expansion of scientific knowledge and capability, which has revolutionized the practice of medicine, transformed the prognostic expectancy in the major diseases, and opened penetrating insights into health, health problems, and basic phenomena of life. This in turn has provided a strong base for the further advance of medical science and practice.

The price of this progress in terms of its impact on the medical school and the university has not been negligible. Some believe that there have actually been negative consequences, such as—

An erosion of the teaching function as the faculty becomes increasingly preoccupied with research.

A tendency for schools to become 'research poor,' in the sense of having difficulty sustaining their sizable research operations.

Undue complexity in dealing with a multitude of agencies and programs with specific missions

that do not necessarily coincide with the goals of the schools themselves.

Undoubtedly these problems have been encountered, but they are not insurmountable. Some have resulted from growth alone and will be resolved in time. Some call for modification of certain policies of the schools and supporting agencies—for example, in the area of meeting overhead costs on project grants. And some suggest a need for broader and more stable support of faculty, students, and fundamental activities—in a word, support of the 'core' functions of the school.

I believe we can also say, however, that those problems which are due largely to federal involvement—and especially NIH involvement—have not resulted in the sort of control over medical institutions that some feared and predicted 20 years ago. On the contrary, when one examines their academic strength, the medical schools, by and large, are in better shape than ever before. Their full-time faculty has grown impressively since 1947. And they are turning out more and better doctors and scientists.

The federal 'invasion' of the schools with research grants and contracts, training grants and fellowships, funds for research and hospital construction, aid to students, and general research support does not appear to have infringed upon the schools' freedom in respect to curriculum, faculty, teaching methodology, and educational standards. Thus, one could regard this experience as a basis for saying that the schools need have no fear in turning to the federal government for further support in meeting the new challenges and new demands that confront them today.

Speaking broadly, one may describe the challenge to medicine today in these terms:

To eliminate the differential between the quality and scope of medical services available in the centers of scientific and academic medicine and those available to the bulk of our population. The solution of this problem lies in the economics, sociology, and patterns of relationship in medicine as well as in medical education itself.

To provide for the continuous professional renewal of the nation's physicians, and the continuous modification of relationships between the schools and the community, that are increasingly demanded by the rapid advancement of scientifc knowledge.

To formulate a new concept of what constitutes health, and to articulate new national goals for the well-being of man and the quality of individual life.

These are the challenges of the advance of knowledge and technology to the whole field of medical practice, the delivery of health services, and the future course of medical education.

In what ways can the Federal Government assist medical education in meeting these challenges?

A concept is emerging from analyses by some of the leaders in medical education, with the participation of leaders in the federal establishment, that there is need for direct support of the *core functions* of the medical school.

The medical school, as we see it today, has evolved over many years from a relatively simple organization, dedicated to the education of physicians and the performance of undifferentiated research, to a large and increasingly complex enterprise with many functions, some of which are essential social tasks. Support of these peripheral tasks comes from various mission-oriented agencies, such as NIH. But unfortunately these agencies have not been authorized individually to acknowledge and preserve the integrity of the triad: research-instruction-service. Each additional function has tended, in fact, to divert resources from the central function of physician education.

There is an impressive variety of sources of support for the individual activities. But the disparate size and financing have contributed to financial instability of the total enterprise. Adequate provision for education *per se* would provide a countervailing force that would promote balance and stability.

The task remains for those who know the schools to identify their essential, or core, activities—a role not appropriate for the Federal Government because of the great variations among the schools with regard to the functions performed, methods of financing, and oganizational framework. The Federal Government would then find it possible, I believe, to subsidize the educational function, including management costs, faculty salaries, student stipends, and construction of facilities in a manner more clearly responsive to the needs of the schools.

Thus the medical schools would be able to develop and improve their essential programs, as well as to assume new peripheral operations if desirable—all while progressing toward greater internal balance and stability.

Philosophically, medical education is looked upon by many as a national resource. It has always been so regarded during times of national stress, and today is seen increasingly in this light as governments assume more responsibility for society's strength and welfare.

This does not mean, however, that medical education need be controlled by government. On the contrary, it is in the national interest to keep medical education independent and unencumbered so that it can more effectively meet the national need. Yet it can fill this role and maintain its viability and freedom only if it is solvent and financially stable.

An enterprise of the magnitude of medical education today—with the demands that are placed upon it by our expanding and aging population, rising costs and our commitments abroad, as well as the tremendous opportunities opened by research and new modes of delivery of medical services—will necessarily turn to the Federal Government for a substantial contribution to its support. I believe that such support can be not only constructive, but that it can, and must, be designed to ensure the continued freedom of medical education in this country.

Medical Education: Preparation for Tomorrow

By LOUIS G. WELT, M.D.
Professor and Chairman, Department of Medicine, UNC

It is my intention to make some predictions as to the role of the university hospital by the turn of the next ten years and to suggest that the university must expand far beyond its current geography and, in fact, make the community an organic part of its campus. This general concept is obviously neither new nor unique, and certainly this particular university has demonstrated that it can play a vital educational role throughout the state. However, I wish to address myself to particular inevitabilities and opportunities for which we must prepare now if we hold to a minimum of three premises: first, that the overriding goals of a university school of medicine are teaching and research; second, that good teaching in a clinical context must articulate closely with elegant medical care; and third, that the student's early contact with clinical medicine should be characterized by an introduction to "Mr. Brown," the *man* (who happens to have a disability that may involve his kidneys but who is also molded by all of the complex impacts of his world in all of its dimensions) rather than on introduction to "Mr. Sick Kidney" as an abstraction from the rest of Mr. Brown.

I shall not recount for you even a sample of the fantastic changes that have come upon us in the biomedical sciences during the past 20 to 30 years. You are all well aware of them. However, I would like to dwell for a moment on the implications of these advances and what may reasonably be anticipated in terms of further change. I cannot attempt to predict the particulars, but I am confident that the next two or three decades will see an ever-faster series of changes that will overpower us, or strengthen us, depending in great measure on whether we are willing to examine the implications, face them, and deal with them constructively as opportunities and not as nuisances. We may reminisce, but we cannot afford the luxury of the attitudes of the so-called "good old days."

We have gathered in the university hospitals throughout this land a group of specialists who each day know more and more in depth about some area which must of necessity have significant constraints. We must be prepared to understand in all of its dimensions that when we purchase *depth* of knowledge we will at the very same time purchase *ignorance* to a greater or lesser extent. The time is not quite yet here—but it is coming quickly—when we who have elected a career in academic medicine as it is currently constructed must begin to divest ourselves of an Oslerian self-image. There are far too few daVincis, and our wisdom must at least embrace the recognition of our areas of great ignorance.

To the extent that these premises are valid, and to the extent that the university hospital is the station to which the most seriously ill are sent or to which the most complicated diagnostic enigmas are transferred—to that extent we need in the university hospital an array of talents in depth who will possess knowledge in great density, who will work within conceptual frameworks that may be incompletely understood by many others, and who will have manipulative skills that each of us cannot possibly possess. This is happening now; it is becoming obvious to most of us, and although each of us would like to be

Louis G. Welt, M.D.

the "total healer," the interdictions to the attainment of this goal are overwhelming. It may be anathema to members of departments of medicine and pediatrics today, but the odds are overwhelming that within a decade we will be structured in all particulars as specialty divisions within the university hospital, and the generalist will not be interposed as a rate-limiting factor between the specialist and the patient in most instances. This does not exclude the potential for mutations of role-playing wherein one specialist becomes a consultant for another – and where the generalists may, in fact, become a consultant for the specialist.

Given this turn of events, how do we adapt to permit the fulfillment of the three premises alluded to earlier? If our principal goals are teaching and research, we can certainly provide excellent care for patients if we are willing to assure that the physicians responsible for the *primary* care of these patients represent those who are most skilled in the areas concerned. Teaching and research can be implemented quite successfully—but it is important to recognize that the levels at which this particular teaching is most successfully addressed include the graduate medical students, the more senior house staff, and the clinical and research fellows who have elected to specialize in a limited area of the total universe of discourse which is modern medicine. The opportunities for research are obvious; they will be superb and need not be belabored at this time.

One of our basic premises, however, is that the early exposure of the medical student to the patient should be his introduction to a man and not to an organ system. This raises a serious question as to whether or not this highly specialized training program affords the proper context for these introductory months and years. Where then will the student have the opportunity to meet and to cope with *all* of Mr. Brown before his complaints have become polarized, life-threatening, and/or an enigma? I would submit that what we now call the university hospital will simply become the center of a group of hospitals—all of which in the aggregate will represent the university hospital system. The hospitals outside the "hub" will have a population of patients with characteristics somewhat different from those at the center level; they will be the hospitalized patients who represent the majority and are the best suited to help with the introduction to clinical medicine. The peripheral hospitals will be where a significant portion of undergraduate clinical medical training will take place, and this implies that they will be converted to first-class teaching and research institutions. They will become university hospitals in every sense of the word as university hospitals exist today.

If this argument is valid, it behooves us to move quickly, yet with careful thought and prudence, to the development of these community university teaching hospitals. They cannot be made instantly, and there must be planning at many levels; there must be a source of funds to pay for a significant number of full-time salaried medical educators, as well as compensation for the part-time practitioner-educator. There must be space for laboratories, for modern equipment, for all the accessories essential to a teaching and research program. The development of these teaching units is a responsibility of the university and of the communities in which they will be located. The university campus will expand to the community, and the community will become part of the university campus. There will be no room for "Town and Gown." They will be organically bound together into a structure which will provide expanded medical care facilities, appropriate media for teaching and research at a variety of levels, a center for the care of the most seriously ill and the most complicated problems, a broader arena which will permit flexibility, mutual interchange, and an expanded community of scholars—which is, in the last analysis, the definition of a university. Schools of medicine might conceivably achieve these goals alone but certainly not in the same elegant fashion that can obtain only with the help of the university-at-large. One of the key factors in the establishment of such a system will be the attraction of highly qualified professional personnel who want and need an identification with the university. The term "academic medicine" is not a meaningless phrase, and although it may be translated to mean many things, one of its interpretations relates to the intellectual excitement of Academia and all its appurtenances. Hence, the role of the university is exceedingly important. The goals that are implicit in this perspective represent an opportunity for the university to employ its imaginative and innovative intellectual and administrative skills so as to make these preparations for tomorrow.

Alumni Weekend

FRIDAY
P.M.

Mr. Heald

President Riggins

NEW OFFICERS OF THE MEDICAL ALUMNI ASSOCIATION:

President:	James E. Davis, M.D. ('42), Durham surgeon
President-elect:	H. Haynes Baird, M.D. ('40), Charlotte urologist
Vice-president:	Charles L. Herring, M.D. ('55), Kinston internist
Secretary:	G. Reginald Tucker, Jr., M.D. ('55), Henderson general practitioner
Councilors:	Frederick A. (Ted) Blount, M.D. ('42) Winston-Salem pediatrician
	Olin Perritt Jr., M.D. ('50), Wilmington radiologist
	Zebulon Weaver, III, M.D. ('61), Asheville internist-hematologist

Dr. Richards

Mr. Heald speaks at opening banquet

SATURDAY A.M.

Mr. Heald and Dr. Danforth

President Friday

Dr. Welt and Senator White

Mr. Hill

Chancellor Sitterson

Vice-Chancellor Miller

Dr. Merritt and Dr. Sessoms

SATURDAY
P.M.

Doctors Carrington, McKnight and Siddael talk with Dean Emeritus Berryhill.

Class of '18

Classes of '43

Class of '48

Incoming President Davis and Outgoing President Riggins

Dr. Julian T. Brantley ('43) receiving "25-Year" Certificates from Dean Taylor

Class of '58

Alumni Luncheon at Pinehurst

During the North Carolina Medical Society Meeting in Pinehurst in May the Medical Alumni assembled at a luncheon to which they invited the senior class of medical students. The group was addressed by Drs. Isaac M. Taylor, Floyd W. Denny, James E. Davis, James F. Newsome, Robert A. Ross, Oscar L. Sapp, and by the president of the Whitehead Society, Ronald F. Joyner. Among the alumni present was Dr. Ben Royal of Morehead City, N. C.

President Davis

Dean Taylor

Dr. Royal

Dr. Ross

Dr. Sapp

". . . I attended the 50th reunion of our 1916 class at Chapel Hill June 1966. I would never have recognized the medical center. Our complete medical faculty consisted of only five members, but what wonderful, courageous men — Manning, Mangum, MacNider, Bullitt and Patterson. Our only medical building was the old Caldwell Building. It was due to their dedication and expert teaching that our class could compete successfully when we transferred to large medical centers for our last two years of training."

CORA Z. CORPENING, M.D. ('16)

June Gray

A Doctor's Prescription for Retirement

VIRGINIA BEACH—A colleague described Dr. Cora Z. Corpening's specialty as "just helping people."

Since this compassionate woman hung out her MD shingle 50 years ago, 43 of them spent in this resort community, thousands of patients with millions of complaints—some real, some imaginary—have passed through her office.

Now that Dr. Corpening is past 75 (her birthday is July 5), she is retiring to do some of the things she's never had much time for before—play golf, travel, visit more with her friends, and visit her daughter who lives in Atlanta with her three children and physician-husband, director of research in neurology at Emory University.

(Reprinted by permission of the Editor of the Virginian-Pilot)

The last of December, Dr. Corpening closed the office she had shared since 1960 with Dr. John A. Mapp in the Laskin Road shopping center. She moved there after practicing 30 years in the Bayne Theater building.

Only five doctors were practicing at the Beach and in Princess Anne County when the doctor and her husband, C. W. Kornegay, moved here in 1925. Today the Virginia Beach Medical Society has 65 members and they all gathered last February 3 at the Officers Club at Oceana Naval Air Station to pay tribute to this woman, who once despaired of ever getting into medical school.

She suspects the faculty finally admitted her to the two-year medical school at the University of North Carolina in 1916 just so she would stop pestering them. After getting nowhere corresponding with them all summer, she descended on them when school

opened in the fall and talked with every faculty member that she would be having classes under.

They finally submitted her admittance request to the all-male medical class, who voted unanimously to reject her, but the faculty finally said yes. The University of Texas was the only college accepting women in medicine at that time, Dr. Corpening recalls, "but my father was a sizable land owner in North Carolina and paid taxes and I saw no reason why I shouldn't be allowed to go to school in my own state."

After finishing the two-year program at North Carolina, the first woman to do so, she became the second woman to be graduated from Tulane School of Medicine in 1918 and the first woman to intern in Norfolk at the Old St. Vincent's Hospital, now De Paul's.

Three weeks after finishing her internship, Dr. Corpening and Kornegay, a Tidewater boy, were married. They had met during the doctor's freshman year in med school and became engaged. Kornegay was a senior in the regular university. He died in October 1964.

"When I met him, that spelled my Waterloo, but we waited five years to get married." Their first five years of married life were spent in Suffolk, where Dr. Corpening found a job as house physician for Lakeview Hospital.

Then Kornegay opened the first Ford agency on 17th Street at the Beach in 1925 and Dr. Corpening was superintendent of old Seaside Sanitarium for two years before opening her own general practice. She practiced under her maiden name.

"I never had any desire to be anything but a general practitioner," Dr. Corpening said. "I like to treat the whole patient."

She admits being a general practitioner today has become more difficult. "It'll keep you on your toes if you keep up with what's happening in medicine."

When she began practice, the only vitamins used were A, C and D. Smallpox was the only widespread vaccination given.

"It was after that that all the B complexes came along and the antibiotics and antihistamines and all the tranquilizers we use today . . . . We never had them at that stage of the game. We didn't have as many frustrations then and probably didn't need them as much."

The doctor has witnessed the medical miracles made possible by the vaccines for typhoid, whooping cough, measles, mumps, influenza—developments that today's generation takes for granted.

A bit skeptical about the recent heart transplants, Dr. Corpening commented, "I would never have thought it in the first place. I don't see how it is going to work. They're going to have to do an awful lot of work yet if it is to work."

On diet pills: "I know of very few people they have actually helped. It takes a reduction of calories and a little will power to lose weight."

In her first years of practice, the doctor became skilled in changing flat tires. The art seemed to go hand-in-hand with delivering babies. "Most of them were delivered in homes by candlelight."

She finally gave up obstetrics in 1945, but she's always made house calls "day and night."

Her first car was a Ford but the bumpy dirt roads of Princess Anne County soon caused her to switch to a Buick sedan. Streetcars ran by way of Cape Henry to Norfolk. The pavement ended a short distance from where the Cavalier Hotel now stands. The resort area was nothing but beach and sand dunes.

"Until about 15 years ago, we were just a sleepy little community that waked up for a couple of months during the summer," and that sleepy little community widened its eyes a bit when Dr. Corpening began practicing medicine, also.

"The prejudice soon disappeared and I treated a good many men." Children were her easiest patients and she can name three generations in many families she has treated.

Dr. Corpening says she doesn't feel 75. "I have so many things to do, I can't ever see being bored." She may even now be able to go to a party or give one without being called out on an emergency.

NEWS FROM THE HILL

Dr. John C. Parker, assistant professor of medicine, is among 25 young medical scientists in the United States and Canada appointed as 1968 Markle Scholars in Academic Medicine. An alumnus of UNC-CH and a graduate of the Yale University School of Medicine, Dr. Parker took his internship and residency training in medicine at Massachusetts General Hospital in Boston. Before coming to UNC last summer, he served as an associate at the National Heart Institute in Bethesda and as a Ward Fellow in Hematology at Barnes Hospital in St. Louis. He is a hematologist whose research interests are concentrated on the physiology and chemistry of the red blood cells.

Dr. Parker

Dr. Parker is the thirteenth UNC faculty member to be selected for the coveted award, given by the John and Mary R. Markle Foundation to relieve the faculty shortage in medical schools by giving aid to young teachers early in their careers. The award pays $30,000 — $6,000 each year for five years — to the medical school at which each scholar teaches and conducts research.

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Edward Glassman, Ph.D., professor of biochemistry and genetics, was selected as a 1968 Guggenheim Fellow in recognition of his "highest capacity for scholarly and scientific research." The John Simon Guggenheim Memorial Foundation of New York City makes these fellowship awards as part of their program to assist research and creativity in all fields of knowledge.

Dr. Glassman has been a member of the faculty since 1960. A native New Yorker, he received his doctorate from Johns Hopkins University in 1955 and held postdoctoral fellowships from the American Cancer Society (California Institute of Technology) and the National Institutes of Health (Edinburgh and Zurich). He was also a research associate for two years at the City of Hope Medical Center in Duarte, California and a visiting professor at Stanford. In addition to his teaching roles in the Department of Biochemistry and in the Genetics curriculum, he is also a current Career Development Awardee of the NIH and is director of the UNC neurobiology program.

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Out of 53 competitors for the Young Investigator's Award of the American College of Cardiology, **Dr. William P. Hood, Jr.**, a research fellow in the Division of Cardiology, won first prize for his research on the function of the left ventricle in various types of human heart disease. The award was presented at the seventeenth annual meeting of the organization, held in San Francisco. Dr. Hood, a native of Hickory Grove, South Carolina, came to Memorial Hospital in July, 1966, for advanced training in heart disease. He joins the faculty of the School of Medicine in July of this year.

Dr. Hood

Dr. Hood, along with **Dr. Ellis L. Robett**, associate professor of medicine, is also the recipient of a $2,000 award from the North Carolina Heart Association for "a physiological evaluation of patients with heart disease at varying levels of exercise." The state organization also awarded grant-in-aid to **Drs. William H. Barnwell, II** and **Charles E. Rackley**. The grant-in-aid program is designed to provide partial financial support to investigators doing research in the field of heart and blood vessel disease.

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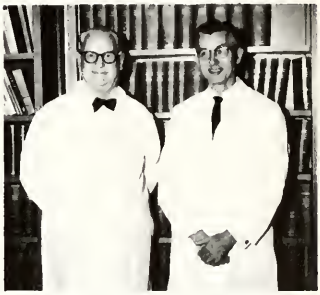
Dr. Kenneth M. Brinkhous, professor and chairman of the Department of Pathology, was elected secretary-treasurer of the American Association of Pathologists and Bacteriologists at the meeting held in Chicago last March. Dr. Brinkhous has recently finished serving a term as president of the Federation of American Societies for Experimental Biology.



Drs. Ross and Brinkhous

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Dr. Harold J. Fallon, Jr., associate professor of medicine and biochemistry, and **Dr. Robert L. Ney**, associate professor of medicine, have been elected to the American Society of Clinical Investigators.

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Dr. Robert A. Ross, professor of obstetrics and gynecology and former chairman of the department (1952-1965), became president-elect of the American College of Obstetricians and Gynecologists on May 8, at the sixteenth annual meeting of the U.S.-Canadian organization. Dr. Ross has just completed a term as president of the Medical Society of the State of North Carolina.

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Dr. Louis G. Welt, professor and chairman of the Department of Medicine, has been elected to the Council of the Association of Professors of

Mr. Eckel and Dr. Taylor

Medicine. He was also elected a councilor of the Association of American Physicians.

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Hospital Director **William L. Ivey** has announced the establishment of a Division of Pharmacy Services at N. C. Memorial Hospital, with **Mr. Fred M. Eckel** as director and **Dr. William W. Taylor** as associate director. In addition to providing pharmacy services for patients at the hospital, the new division will coordinate the hospital's pharmacy program with the teaching, research, and service program of the UNC School of Pharmacy. Both the director and the assistant director of the new division are assistant professors of hospital pharmacy in the School of Pharmacy. Mr. Eckel, who will serve on a part-time basis initially, is director of the Plan of Pharmacy Assistance, a program to develop and improve pharmacy services in hospitals and nursing homes within North Carolina. Dr. Taylor has been chief pharmacist at N. C. Memorial Hospital since 1952.

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The Spring Lecture Series held from March 16 through May 25 was sponsored by the medical school and the Clinical Cancer Training Program. The latter is an institutional program supported by the National Cancer Institute designed to enrich the broad subject of cancer education for undergraduates, graduates, and practitioners of medicine. The Spring Lecture Series has been established as a method whereby outstanding investigators, both clinical and basic, can be brought to the medical school to keep students, house staff, faculty, and practitioners abreast with the broad field of cancer.

March 16—"Trends in Incidence and Survival Rates in Malignant Disease." **Sidney J. Cutler**, Sc.D., head End Results Section, Biometry Branch, National Cancer Institute.

March 23—"Environmental Carcinogenesis." **Paul Kotin, M.D.**, director, National Environmental Health Sciences Center (Research Triangle, N. C.), and visiting professor of Pathology, UNC.

March 30 — "Fluorinated Pyrimidines and Cancer Chemotherapy." **Charles Heidelberger**, Ph.D., American Cancer Society Research Professor, McArdle Laboratory for Cancer Research, University of Wisconsin.

April 20—"Chemotherapy of Trophoblastic Tumors." **Roy Hertz, M.D.**, National Cancer Institute.

May 4—"Management of Metastatic Cancer of the Breast." **B. J. Kennedy, M.D.**, Professor, Department of Medicine, University of Minnesota.

May 18—"Treatment of Leukemia and Lymphoma." **Gordon Zubrod, M.D.**, National Cancer Institute.

May 25—"Chemotherapy of Carcinoma." **Thomas C. Hall, M.D.**, Children's Research Foundation, Boston, Massachusetts.

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Other visiting lecturers during the spring semester:

Dr. Svein U. Toverud, Dept. of Physiology and Biochemistry Dental Faculty, University of Oslo, Norway. "Vitamin D and Bone Metabolism."

Dr. Edward P. Cawley, Dept. of Dermatology, University of Virginia Medical Center, Charlottesville, Virginia. "The Hand as a Clue to Systemic Disease."

Dr. Douglas G. Cameron, Professor

Dr. Jack L. Kostyo

Dr. Sidney Cutler

Dr. Earl Benditt talks with Dr. Brinkhous

and Chairman, Dept. of Medicine, McGill University and the Montreal General Hospital, Montreal, Canada. "Anemia Associated with Disorders of the Small Intestine."

Dr. Earl Benditt, Chairman, Dept. Pathology, University of Washington School of Medicine, Seattle, Washington. "Some Current Notions of the Structure of Amyloid."

Dr. Henry Brosin, Pittsburgh, Pennsylvania. "Communication Systems in the Clinical Setting."

Dr. Harry W. Fritts, Jr., Dept. of Medicine, College of Physicians and Surgeons at Columbia University,

Dr. Louis V. Avioli

New York, New York. "The Metabolism of the Lung."

Dr. Helmut A. Gordon, Dept. of Pharmacology, Medical Center, University of Kentucky, Lexington, Kentucky. "Musculoactive Substances in Intestinal Contents of Germ-free Animals."

Dr. Kelley Wallace, Brooke Army Medical Center, San Antonio, Texas. "Are There Special Problems in the Burned Patient?"

Dr. Bertram Lewin, Teaching member of the Faculty, New York Psychoanalytic Institute, New York, New York. "Phantoms in the Head."

Dr. Dennis S. Parsons, Dept. of Biochemistry, University of Oxford, Oxford, England. "Some Speculations

Dr. A. O. Williams

on the Geography of the Mucosal Cell."

Dr. Alexander B. Gutman, Director, Dept. of Medicine, Mount Sinai Hospital, New York, New York. "Uric Acid Nephrolithiasis."

Dr. James E. Davis, Watts Hospital, Durham, North Carolina. "The Progressive Nature of Biliary Tract Disease."

Dr. Harry G. Pars, Arthur D. Little, Inc., Cambridge, Massachusetts. "Marijuana and its Synthetic Derivatives."

Dr. Jules Masserman, Chicago, Illinois. "The Therapy of Our Triple Tribulations."

Dr. Paul Wehrle, Chief Physician, Children's Division, County of Los Angeles General Hospital. "The Epidemiology and Management of Meningococcal Disease."

Dr. Lawrence Kolb, Professor of Psychiatry, College of Physicians and Surgeons, Columbia University, New York, New York. "The Psychotherapeutic Role in Treatment of the Depressive Complex."

Dr. Jack L. Kostyo, Dept. of Physiology, Duke University, Durham, North Carolina. "The Action of Growth Hormone."

Dr. J. Peter Bentley, Assistant Professor of Biochemistry and Experimental Biology, University of Oregon, Portland, Oregon. "Mucopolysaccharide Metabolism and Collagen Interaction."

Dr. Rudi Schmid, Professor of Medicine, and Chief of Gastroenterology, University of California Medical Center, San Francisco, California. "Some Causes of Jaundice."

Dr. Rosalind Pitt-Rivers, National Institute of Medical Research, Mill Hill, London, England. "What About the Thyroid?"

Dr. Gordon L. Johnson, Dept. of Pharmacology, Emory University, Atlanta, Georgia. "Studies on the Perfused Hind Limb of the Hyperthyroid Dog."

Dr. Louis V. Avioli, Washington University School of Medicine, St. Louis, Missouri. "Metabolism of Vitamin D."

Dr. Robert Berne, Dept. of Physiology, University of Virginia School of Medicine, Charlottesville, Virginia. "The Effect of Cardiac Denervation and Corticosteroids on Myocardiac Glycogen Metabolism."

Dr. Alfred E. Farah, Professor and Chairman, Dept. of Pharmacology, State University of New York Upstate Medical Center, Syracuse, New York. "Relationship of Protein-Bound Sulfhydryl and Disulfide Groups to the Effects of Antidiuretic Hormone on the Toad Bladder."

Dr. Marcus L. Dillon, Veterans Administration Hospital, Durham, North Carolina. "The Use of Bovine Grafts in Arterial Surgery."

Dr. Fred Kern

Dr. A. O. Williams, Dept. of Pathology, University Medical College, Ibadan, Nigeria. "Studies on Burkitt's Lymphoma and Other Head and Neck Tumors in Nigeria."

Dr. Fred Kern, Professor of Medicine and Chief of Gastroenterology, University of Colorado Medical Center, Denver, Colorado. "Entero-hepatic Circulation of Bile Salts: Clinical Aspects."

Prof. J. Erik Jorpes, Karolinska Institutet, Stockholm, Sweden. "Cholecystokinin and Pancreozymin."

Dr. J. L. Karlsson, Napa State Hospital, Imola, California. "A Genetic Theory for Schizophrenia and Depression."

Dr. Arnold J. Friedhoff, New York University Medical Center, New

Dr. Donald H. Klein

York, New York. "Is Schizophrenia Associated with a Defect in Transmethylation?"

Dr. Donald H. Klein, Hillside Hospital, New York, New York. "Activation Disorder — A Cross-Diagnostic Dimension."

Dr. Joseph Schildkraut, Massachusetts Mental Health Center, Boston, Massachusetts. "Norephinephrine Metabolism in Affective Disorders."

Dr. Ferris Pitts, Washington University, St. Louis, Missouri. "Neurasthenia—A Physiological Disorder."

Dr. William J. Whalen, Director of Research, St. Vincent's Charity Hospital and Adjunct Professor of Case-

Western Reserve University, Cleveland, Ohio. "Measurement of Oxygen in Tissue."

Dr. Donald E. McMillan, Dept. of Pharmacology, State University of New York, Downstate Medical Center. "Some Interactions Between Sympathomimetic Amines and Amine Depleting Agents on Schedule Controlled Behavior."

Dr. Brack G. Hattler, Jr., Chief Resident of Surgery, Duke University Medical Center, Durham, North Carolina. "Leukocyte Typing as Related to Homograft Survival."

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Dr. Jaroslav F. Hulka, associate professor of obstetrics and of maternal and child health and associate director of the Carolina Population Center, is investigating the mystery involved in a pregnant woman's ability to tolerate for nine months a genetically foreign organism, the trophoblastic layer of the placenta. Although past research has suggested that the trophoblast is not antigenic, Dr. Hulka's laboratory work has demonstrated that it is. He is exploring the possibility that the trophoblastic layer produces hormones which protect the embryo by altering the mother's ability to reject it. Having found that currently known hormones do not supply the answers, he is seeking the "substance X" responsible for such a chemical response.

Hulka's research has twofold implications: (1) ability to increase the body's tolerance to transplanted organs, and (2) ability to immunize women against the trophoblastic layer's special antigen. If such an antibody could be developed, it would be an effective contraceptive agent, capable of preventing implantation of a fertilized egg.

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As part of the UNC Continuation Education Program, postgraduate courses in medicine were presented by the School of Medicine to practicing physicians in the Statesville and Shelby areas during March. Faculty members who participated were **Drs. Nathaniel F. Rodman, John T. Sessions, Jr.** and **Judson J. Van Wyk** of the School of Medicine, and **Mr. David G. Warren** of the Institute of Government.

Participants at Statesville postgraduate course in medicine

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At the meeting of the American Cleft Palate Association, held in Miami Beach during April, **Dr. William C. Trier,** assistant professor of surgery, gave a paper on the control of scar tissue in animals and humans. The paper was based on the results of research conducted by three UNC plastic surgeons under a $23,000 grant from the National Institute of Arthritis and Metabolic Diseases. The research team, composed of Dr. Trier, **Dr. Erle E. Peacock, Jr.,** and **Dr. John W. Madden,** is testing a potent extract of the common flowering sweet pea in an effort to control the scar tissue which often forms around injured tendons, particularly tendons in the hands, binding the tendon and preventing full motion of the fingers.

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The North Carolina Department of Mental Health and the three medical schools in the state have agreed to establish a cooperative program designed to improve mental health in North Carolina. A document of agreement, signed at the Bowman Gray School of Medicine of Wake Forest University, initiates what is thought to be the first program of its kind in the United States. It involves the psychiatry departments of our School of Medicine, the Duke University Medical Center, and the Bowman Gray School of Medicine, as well as the UNC Schools of Public Health and Social Work. Representing UNC in signing the agreement were **Dr. John A. Ewing,** professor and chairman of the Department of Psychiatry; **Dr. Robert N. Wilson,** chairman of the Department of Mental Health, School of Public Health; and **Dr. C. Wilson Anderson,** dean of the school of Social Work.

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Members of the faculty, students, trainees, and fellows took an active part in the six-day 52nd annual meeting of the Federation of American Societies for Experimental Biology held in Atlantic City in April. A registration of 21,000 experimental biologists from the United States and 48 foreign countries made this year's meeting one of the largest scientific conventions held anywhere in the world.

The following illustrates the school's contribution to the meeting:

Drs. W. J. Cromartie, J. G. Craddock and **J. H. Schwab** (Bacteriology). "Production of chronic arthritis in rats with group A streptococcal cellular components."

Drs. H. W. Strobel and **J. L. Irvin** (Biochemistry). "Superinduction and repression by histones of hydrocortisone-induction of hepatic tryptophan pyrrolase (TP) and tyrosine transaminase (TKT)."

Miss N. McC. Davidian and **Dr. R. Penniall** (Biochemistry). "The synthesis of cytochrome c by rat liver endoplasmic reticulum."

Dr. C. Piantadosi (Biochemistry and Sch. Pharmacy) with **Dr. F. Snyder** from Oak Ridge Associated University. "Acylation and degradation of alkoxyglycerols in vitro."

Drs. W. E. Lassiter, E. Arrizurieta de

Dr. Benjamin E. Dunlap ('63) of Mooresville; Dr. H. C. Kutteh of Statesville, president of the Iredell Medical Association; Dr. John T. Sessions; Dr. John E. Wear of Salisbury, president of the Rowan-Davie Medical Association; and Dr. Richard A. Boyd ('56) of Statesville at the Statesville postgraduate course in medicine.

Muchnick, E. Lipham, and **C. W. Gottschalk** (Medicine). "Effect of acute GFR reduction of Na, water and PAH transport in proximal tubule of saline-expanded rats."

Drs. J. H. McCutchan and **J. S. Pagano** (Medicine). "DEAE-dextran hemadsorption, a form of nonimmune adherence."

Drs. E. M. Barrow, S. M. Amos, J. B. Graham and **Mr. C. C. Hendel** ('69) (Pathology). "The antihemophilic activity (AHF, Factor VIII) of kidney peptidase preparations."

Dr. N. F. Rodman and **Mr. J. C. Painter** (Pathology). "A factor required for thrombasthenic platelet agglutination."

Miss J. McQuere, Mr. T. H. Kiesselbach ('69) and **Dr. R. H. Wagner** (Pathology). "Factor XIII (fibrinstabilizing factor) and antifibrinolytic activity in platelets."

Drs. R. G. Mason and **S. R. Saba** (Pathology). "Some characteristics of the ATPase activities of intact platelets and isolated platelet membranes."

Dr. F. G. Dalldorf and **Mr. F. A. Beall** (Pathology). "Electron microscopic study of capillary permeability induced by anthrax toxin."

Mr. P. D. Davis (Pathology). "Canine double heterozygotes for hemophilia A and B."

Drs. J. P. Hurt and **M. R. Krigman** (Pathology). "Effects of an heterologous intracranial glioma in guinea pigs on their plasma procoagulants."

Drs. M. R. Krigman and **R. A. Goyer** and **Mr. D. Crane** (Pathology). "Lysosomal alterations in lead nephropathy."

Dr. D. E. Scarborough (Pathology). "Blood coagulation at solid interfaces—early ultrastructural events."

Drs. W. P. Webster, E. E. Peacock, J. L. Wagner, G. D. Penick and **K. M. Brinkhous** (Pathology and Surgery). "Release of factor VIII from splenic transplants in hemophilia."

Drs. G. W. Fernald, W. A. Clyde, Jr. and **F. W. Denny** (Pediatrics). "Immune response of the hamster to mycoplasma pneumoniae."

Drs. C. W. Cooper and **H. Orimo** (Pharmacology). "Thyrocalcitonin (TC) and age."

Drs. L. S. Harris, W. L. Dewey and **J. F. Howes** (Pharmacology). "The tail-flick test, cholinergic mechanisms."

Drs. C. R. Morris, L. P. Whichard and **D. J. Holbrook, Jr.** (Ctr. Res. Pharmacology and Toxicology). "Binding of 8-aminoquinoline antimalarials to DNA."

Drs. M. A. Lipton and **A. J. Prange, Jr.** (Psychiatry) with Drs. W. Dairman and S. Undenfriend from NIH. "Increased rate of norepinephrine biosynthesis in hypothyroid rats."

Drs. Brinkhous, Cromartie, Dalldorf and **Harris** also chaired scientific sessions.

Dr. Ernest Craige, professor of medicine, attended the 5th Inter-American Congress of Cariology held last April in Lima, Peru. He presented a paper entitled Relaciones Cuantitatives del Registro del Movimiento Precordial y la Funcion Ventricular Izquierda. *Above, Dr. Craige tangles with a boa constrictor at the headwaters of the Amazon river at Iquitos, Peru; he reports that "the constrictor experience was reminiscent of that produced by the space shortage in the Cardiovascular Laboratory in Chapel Hill."*

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Dr. Erle E. Peacock, professor of surgery and chairman of the Plastic Surgery Research Council, was host for the thirteenth annual meeting of the council, held in Chapel Hill on April 10-12. The meeting was attended by plastic surgeons from the United States, Canada, and Europe.

The first session, on the afternoon of April 10, was held at the Duke University Medical Center in Durham. On May 11 and 12, scientific sessions dealing with prostheses, transplants, skin and collagen, wound healing, healing of tendons and nerves, tissue survival, topical agents, and technologic advances were conducted in the auditorium of the UNC School of Public Health.

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A computer system to monitor simultaneously the conditions of six acutely ill patients will be set up at N. C. Memorial Hospital under a three-year, $700,000 grant from the National Institutes of Health. The new grant, which climaxes about three years of research on the use of computers for the study of patients, will make it possible to develop and install a computer-oriented system to obtain and handle information that will help determine the exact condition of acutely ill patients.

Each of six beds in a special unit of the hospital will be equipped with measuring instruments to provide 18 items of information on each patient. From these 18 "primary" information items, about 75 "secondary" items will be derived by the computer system.

Dr. Ralph W. Stacy, professor of bioengineering and biomathematics in the Department of Surgery, is director of the research project, and **Dr. Richard M. Peters,** surgeon and director of the Division of Cardiovascular and Thoracic Surgery, Bioengineering and Biomathematics, is the clinical director.

The research aspects of this project will be conducted in a special trailer building. Eventually, the project will employ about 15 scientists and support personnel. It probably will become the nucleus for a permanent center for research on acutely ill patients at Memorial Hospital.

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An all-day symposium on the biological aspects of mental disease, sponsored by the Neurobiology Program and the Research Division of the North Carolina Department of Mental Health, was held in Chapel Hill on May 27. The focus of the symposium was on the common gen-

Dr. Peter Zellner (Hamburg, Germany), Dr. B. Herold Griffith (Chicago), president-elect; and Mr. Thomas Gibson (Glasgow, England) at the annual meeting of the Plastic Surgery Research Council.

Drs. Harris, Krall, Schildkraut, and Lipton at the neurobiology symposium.

etic, biochemical, and behavorial factors found in anxieties, depressions, and schizophrenia.

Presiding over the morning, afternoon, and evening sessions were **Dr. Louis S. Harris** of the Department of Pharmacology, **Dr. Richard A. King** of the Department of Psychology, and **Dr. Edward Glassman** of the Department of Biochemistry. Speakers for the daytime sessions included scientists from the University of North Carolina and from California, New York, Massachusetts, and Missouri. **Dr. Morris A. Lipton** of the Department of Psychiatry was the speaker for the evening session, his subject being "Conceptual and Methodological Problems in Biological Psychiatry."

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The following faculty members from the Department of Psychiatry participated in the program of the American Psychiatric Association at its 124th annual meeting, held in Boston this month.

Dr. William G. Hollister participated in two panels on mental health programs, the second of which also involved **Dr. W. Kenneth Bentz; Dr. John A. Ewing**, department chairman, was secretary of a joint meeting with the Royal Medico-Psychological Association and was moderator of a panel on alcoholism; **Dr. Charles E. Smith** was chairman of a session on "Psychiatry and the Law"; and **Dr. Thomas E. Curtis** was acting secretary of a session on "Collaborators with Psychiatrists—Old and New."

Papers presented by members of the department were: "A Psychoendocrine Study of Pregnancy and the Puerperium," by **Drs. C. Richard Treadway, Francis J. Kane, Jr.,** and **Ali Jarrahi**; "Motivation for Marijuana Use," by **Dr. Martin H. Keeler**; "Entering College with a Psychiatric History" by **Drs. Myron B. Liptzin** and **Clifford B. Reifler**; and "Acceleration of Imipramine Antidepressant Activity by Thyroid Hormone," by **Dr. Arthur J. Prange, Jr. Dr. Morris A. Lipton** discussed a paper on "Treatment with Lithium."

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The University of North Carolina and Duke University were joint hosts to a workshop on "Organization and Administration of Pathology Departments" for twenty-nine departmental chairmen from throughout the country. Under the sponsorship of the American Association of Chairmen of Medical School Departments of Pathology, Inc. and Universities Associated for Research and Education in Pathology, Inc., the workshop participants and speakers assembled at Quail Roost Conference Center for a series of discussions of managerial problems and opportunities facing pathology chairmen today and in the future. The program was organized by **Drs. K. M. Brinkhous** (UNC) and **T. D. Kinney** (Duke). Prominent speakers from the faculties and administrations of the two local institutions and distinguished visitors from the Department of Health, Education and Welfare and from the Association of American Medical Colleges participated in the three-day conference.

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The Division of Anesthesiology sponsored an introductory "Clinic" for North and South Carolina anesthesiologists to acquaint them with a new anesthetic agent (INNOVAR) and technique (neuroleptanalgesia) which became clinically available in March. The program was held on April 6, at the UNC Quail Roost Conference Center.

Dr. Frank Tornetta, director of the Department of Anesthesiology, at Montgomery Hospital in Norristown, Pa., and **Dr. H. Ferrari** of the Duke Medical Center were the guest speakers. The meeting was attended by 39 anesthesiologists, which represents 26% of the total number of physicians practicing this specialty in the two states.

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Dr. William G. Hollister, director of the Community Psychiatry Section in the Department of Psychiatry, is to direct a nationwide education project on children's emotional health. This project, financed by the National Institute of Mental Health, is to be implemented within the framework of the National Congress of Parents and Teachers, of which Dr. Hollister is National Mental Health Chairman.

Plans are for a national staff to conduct a series of regional, state, district, and local training conferences to prepare local leaders in every state. Local chairmen of the PTA's committees on mental health and family life education, using the technical support of professional and agency personnel in the community, will then launch community-wide education and survey projects to study local needs and resources in the area of emotional health for children and youth. It is hoped that the project will create wider understanding and support of agencies devoted to mental health, child welfare, social protection, special education, parent education, and child guidance.

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Dr. Arthur J. Prange, Jr., professor of psychiatry, presented a report on the use of a drug to treat depressed patients at the annual meet-

Dr. Prange

ing of the Collegium Internationalis Neuropsychopharmacologiae in Tarragona, Spain, on April 26. The title of his presentation was "Enhancement of Imipramine by Triiodothyronine in Unselected Depressed Patients."

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Joseph P. Archie, Jr., a senior student from Kinston, N. C., was selected by the faculty to represent the School of Medicine at a Student Research Forum sponsored by the Student American Medical Association and held at the University of Texas Medical Branch in Galveston early in April. He presented a new mathematical model to help physicians pinpoint the problem in patients with certain lung disorders.

Archie's new set of "lung constants," or normal values, are based on a computer's analysis of the results of tests run on healthy adult male volunteers during normal and rapid breathing. His model places new emphasis on the importance of the substance lining the interior of the lung and its effect on lung "elasticity."

Archie said that his sophisticated, computerized test is designed to find out whether a patient's lung disorder is caused by a defect in the physical structure of the lung or by a shortage or absence of an essential biochemical substance (surfactant) which coats the inside of a normal lung. He stated that although the new mathematical model is a research tool, studies on a limited number of volunteers have already demonstrated potential clinical usefulness in "situations where impairment of normal surface activity in the lung is suggested but not clearly established."

Archie will receive a Ph.D. in engineering mechanics from N. C. State University in May and his medical degree here in June. He will serve a one-year surgical internship at the University of Alabama Medical Center in Birmingham beginning July 1.

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The year 1968 has been especially noteworthy in the life of our medical students. It has seen a renascence of student interest in community welfare. Under the direction of a third-year medical student, **Frank B. Gray**, students in the Schools of Medicine, Nursing, and Medical Technology have established an organization devoted to the improvement of health care and health education in Chapel Hill and the surrounding areas. This organization, the Student Health Action Committee (S.H.A.C.), has been meeting biweekly during the year to define its purposes, identify community needs, and make plans to meet them. One major project is being carried out at the Edgemont Community Center in a slum area of Durham. Residents of this neighborhood have requested that a series of medical education programs be presented in order to help them understand some of the more common serious diseases. Accordingly two presentations, the first on cancer and the second on diabetes mellitus, were made during the last two weeks in May. **Robert B. Jones**, a third-year medical student who has been organizing the Edgemont program, states that he hopes to provide precamp and preschool physical examinations for children in the area this summer. These will be given under the direction of a licensed physician.

In Chapel Hill and Carrboro, members of the S.H.A.C. have been attending neighborhood meetings and meetings of the Golden Age Club in the Roberson Street Multipurpose Center. These groups consist of citizens from low-income areas near the center, who gather to discuss matters of mutual interest. Two topics of much concern to all were confusion over billing procedures at N. C. Memorial Hospital and the delays in being seen by a physician at the hospital clinics. To help solve these problems, **John G. Johnston**, a third-year student, and **John V. Allcott**, a first-year student, have instituted a "patient advocacy" system. Under this system, students will each be assigned one family and will attempt to make clinic visits less burdensome for members of this family. It is hoped that this system will encourage patients to visit the clinics more often for follow-up and preventive care.

In addition, clinics in family planning will be held at the center, and plans are being made to establish clinics in pediatrics and maternal care. These clinics, to be staffed by a registered nurse, student nurses, and medical students, will be supervised by **Dr. Joanna S. Dalldorf** of the Department of Pediatrics and **Dr. Jaroslav F. Hulka** of the Department of Obstetrics and Gynecology.

The Student Speakers Bureau, a subsidiary of S.H.A.C., began its high-school counseling and recruitment program with visits to Chapel Hill High School on April 26 and to Phillips Junior High School on May 6-10. The purpose of the visits was to describe the requisites, training, and opportunities in the various medical and paramedical fields. Besides advising those students who are already well motivated and prepared, the bureau wants to stimulate other students to aspire to goals that they might otherwise not consider.

The program, which was presented to about 200 students at both schools, consisted of a brief speech by each student representative, a film depicting the many types of personnel that participate in the care of a patient, and a discussion period. The bureau hopes to carry out its project in other high schools in Orange, Alamance, and Chatham Counties next fall. In addition, it is considering expansion of its educative endeavors to include a program on the uses and abuses of drugs, alcohol, sex, and tobacco.

The driving force of this community health program has been Frank Gray's diligence and leadership. He conceived the idea while attending a meeting of the Student American Medical Association's Committee on Community Medicine, and since then has spent many hours making his idea a reality. When he becomes chairman of the committee next year, Frank hopes to establish a fund from which local student health groups may derive support, and to improve communication among medical schools on various community health projects.

Members of the Student Health Action Comimttee listen to Robert B. Jones ('69) speak.

W. Woodrow Burns, Jr. ('69), Special Distinction and Honorable Mention

Stephen L. Green ('70), 3rd Student Research Day Award

John T. Cuttino, Jr. ('71), 2nd Student Research Day Award

Harold H. Cameron ('70), Honorable Mention

Henry M. Middleton ('69), co-winner 2nd Award

Joseph P. Archie, Jr. ('68), The Deborah C. Leary Memorial Award

George W. Bensch ('68) of Raleigh was a student delegate to the third International Conference on the Future of the Brain Sciences, held at the New York Academy of Medicine on May 2-4. The conference is sponsored by the Manfred Sakel Institute, Inc., a foundation for research on the nervous system.

* * *

Martha Elizabeth Parker ('70) of Asheville won $50 and a trophy in the tenth annual competition for the Student American Medical Association-Eaton Medical Art Awards. Her entry, a watercolor entitled "A Case of Lupus Erythematosus in a 29-Year-Old Woman," was awarded third place in the Medical Student/House Staff Division.

Betsy's entry in the 1967 contest received an honorable mention.

* * *

The first annual Medical Student Research Day, sponsored by The Whitehead Society, was held on May 1st in the Clinic Auditorium. Eight students who had worked on research projects presented papers summarizing their work and findings; the award-winning papers were selected by the Student Research Paper and Evaluation Committee and/or the Student Presentations Committee.

Dean Taylor's welcoming remarks opened the program; **Robert Shearin** ('68) introduced the newly established event; and **Dr. K. M. Brinkhous**, guest speaker, questioned the audience about "A Pip in Your Profile — Should It Be Research?"

The presentations and awards were as follows:

Walter Woodrow Burns, Jr. ('69) "A Study of the Epidemiologic Aspects of Multiple Myeloma in Patients from North Carolina Memorial Hospital and North Carolina." Sponsored by Dr. James A. Bryan, Jr. (Special Distinction in the Student Research Paper competition and Honorable Mention, Student Research Day Award)

Stephen L. Green ('70) "A Study of the Effect of Oxygen Toxicity on Glycolysis in S. Faecalis Protein Extract." Sponsored by Dr. Daniel J. O'Kane. (3rd Student Research Day Award)

John T. Cuttino, Jr. ('71) Studies on Hyperlipema in Glycogen Storage Disease." Sponsored by Dr. George

K. Summer. (2nd Student Research Day Award)

Ronald Glenn Michels ('68) "An Evaluation of Corneal Wound Strength and Suture Materials Used in Corneal Surgery." Sponsored by Dr. Samuel D. McPherson, Jr. (Special Distinction in the Student Research Paper competition and 1st Student Research Day Award)

Harold H. Cameron ('70) "A New Method for Confirming the Diagnosis of Phenylketonuria in Infants." Sponsored by Dr. George K. Summer. (Honorable Mention, Student Research Day Award)

Henry M. Middleton, III ('69) "Acute Alterations of the Blood Brain Barrier: A Biochemical and Histochemical Study." Sponsored by Dr. Martin R. Krigman. (2nd Award in the Student Research Paper competition, co-winner)

Joseph Patrick Archie, Jr. ('68) "Some Aspects of the Mechanics of Respiration." Sponsored by Dr. Richard M. Peters. (The Deborah C. Leary Memorial Award)

James Tift Mann, III ('69) "Respiratory Effects of Carotid Sinus Stimulation." Sponsored by Dr. Herbert S. Harned, Jr. (2nd Award in the Student Research Paper competition, co-winner)

At the conclusion of the research reports, Shearin announced the Student Research Day Award and Dean Taylor presented The Leary Award.

Dr. G. Tom Shires talks with AOA President-elect Middleton and President Young.

The UNC Gamma Chapter of Alpha Omega Alpha, the medical profession's highest honorary fraternity, held their annual initiation ceremonies and reunion on May 15. Election to the fraternity is based on academic standing, moral fitness and promise of future contributions to medicine.

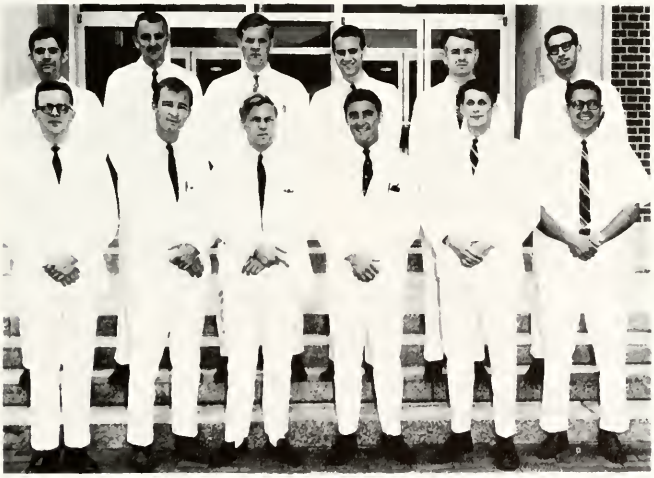
President **Stephen W. Young** ('68, UNC '63) of Angier, N. C., Vice-President **Michael D. Lutz** ('68, Yale '62) of Reading, Pa. and Secretary **Thomas L. Henley** ('68, Cornell '64) of New York, N. Y. were elected to AOA in their junior year. The 1968 initiates are pictured below.

The Adam T. Thorp, III Memorial Lecture, established as a tribute to **"Skeets" Thorp** ('56), is a traditional part of the AOA yearly celebrations. This year, the 13th annual lecture was delivered by **Dr. G. Tom Shires**, Professor and Chairman of the Department of Surgery at the University of Texas Southwestern Medical School at Dallas on "Studies of Shock Due to Loss of Blood."

Newly elected members of AOA were guests of **Dr. and Mrs. Richard M. Peters** at a reception for Dr. Shires, following a banquet held at Blair House.

* * *

Seven students in the School of Medicine will travel abroad this summer in pursuit of broader medical experience. Much of the impetus for



AOA new initiates (left to right): Front row—Henry M. Middleton, III ('69, UNC '65) of Raleigh, N. C., president-elect; Robert L. Bugden ('68, UNC '64) of Fayetteville, N. Y.; Patrick T. Malone ('68, Northwestern) of Durham, N. C.; Ronald G. Michels ('68, UNC '65) of Henderson, N. C.; William O. Kearse, Jr. ('68, UNC '65) of Canton, N. C.; John C. Markham, III ('68, Duke '64) of Winnsboro, N. C. Back row—Alan Davidson, III ('68, Dartmouth '63) of New Bern, N. C.; Jerry C. Woodard ('68, UNC '64) of Wilson, N.C.; W. Thomas Rowe ('69, UNC '63) of Asheville, N. C.; Theodore H. Kiesselbach ('69, UNC '63) of Media, Pa., vice-president-elect; J. Hugh Bryan ('69, UNC '65) of La Grange, N.C., secretary-elect; and Edward W. Kouri ('68, UNC '65) of Chapel Hill, N. C.

C. Clement Lucas, Jr. ('69), elected president of the Student American Medical Association at its 1968 meeting held in Detroit.

foreign travel was provided by the Medical Foundation's traveling fellowships, awarded to four of the seven students. These grants of $500 each were given because of the Foundation's conviction that an exposure to medicine as it is practiced in a foreign setting can be a most worthwhile experience.

Nassif J. Cannon, Jr., Farmville, N. C., will study at the University of Edinburgh, Scotland, under the tutelage of Dr. Richard Scott, who holds the Chair of General Practice at that medical school. Nass will engage in a study of general practice and will perform some clinical work with a Scottish practitioner.

G. Patrick Guiteras, a rising senior from Des Moines, Iowa, has been invited by an eminent British neurosurgeon, Valentine Logue, to serve a clinical clerkship at the National Hospital for Nervous Diseases, Queen's Square, and at the Maida Vale Hospital in London. Pat tentatively plans a career in neurosurgery.

J. Thomas John, Jr., a rising fourth-year student from Laurinburg, N. C., will spend the summer in Sydney, Australia, at the Royal Prince Albert Hospital, a teaching hospital of the University of Sydney School of Medicine. He will work with Dr. Barry Firkin in an investigation of platelet physiology and morphology.

C. Clement Lucas, Jr. ('69) national president of the Student American Medical Association (SAMA), will visit London for ten days in July. While there, he will work with his counterpart in the British Medical Student Association to establish a student exchange program between Britain and the United States, and will meet with the Principal Medical Officer of the British Ministry of Health to study medical education and the National Health Service in Great Britain. On July 27, Clement will journey to Moscow, where he will meet with representatives of the Russian Medical Student Association to discuss plans for an exchange program. On August 1, he will represent SAMA at the International Federation of Medical Student Associations in Helsinki, Finland. Before beginning his travels abroad, he will address the House of Delegates at the AMA convention in San Francisco on June 17.

A native of Lucama, N. C., and a UNC-CH graduate, Clement plans to specialize in administration and community medicine.

Some officers and members of the Executive Committee of the Medical Parents Club attending the 12th annual Parents Day (from left to right): Dr. Robert D. Croom, Jr. (incoming president), Mr. Frank Cella (outgoing president), Mr. L. O Branch, Dr. O. S. Goodwin, Mr. John T. Manning, Mr. Allen W. Huffman, Dr. H. Haynes Baird, Mr. Charles C. Dudley, Mr. W. T. Harris, and Mr. W. F. Algary.

David S. Sheps, a rising senior from New Haven, Conn., will spend the summer as a clerk in the Department of Medicine at the prestigious Guy's Hospital in London. He plans to specialize in internal medicine.

Two rising third-year students, **T. Reed Underhill** and **Thomas A. Roberts**, will work as clerks at Warwick Hospital in Warwick, England, under the guidance of Dr. Stephen Whittaker. Dr. Whittaker invites medical students from America, Europe, and Africa to study with him every summer.

* * *

The twelfth annual Medical Parents Day, held at Memorial Hospital on April 27, was attended by more than 400 parents of medical students and members of next fall's incoming class of medical students.

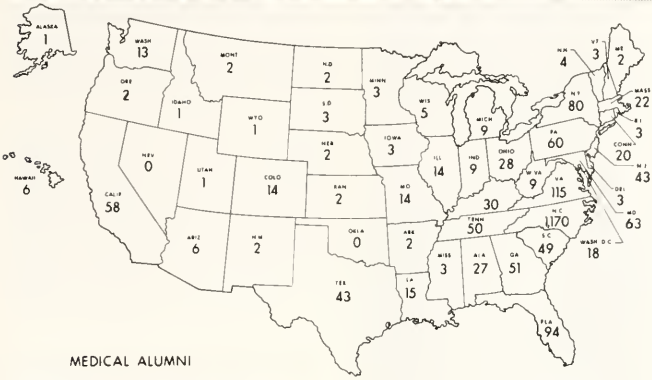
Following tours of the hospital, those in attendance gathered in the hospital clinic auditorium for a meeting presided over by **Frank A. Cella** of Raleigh, president of the Medical Parents Club. After greetings by **Dr. C. Arden Miller**, vice-chancellor for health sciences at UNC-CH, brief reports were given by **Dean Isaac M. Taylor** and **Ronald F. Joyner** ('68) of Ahoskie, president of the student body. **Robert R. Whitley**, president of the senior class, presented a "Class Profile"; **Frank B. Gray** ('69) explained "The Students' Approach to Community Health"; and **Theodora F. Lippitt** ('68) reported on "The Population Explosion." Medical alumni participating in the program included **Dr. C. Council Dudley** ('55) of Elkin, who reviewed his experiences as a volunteer physician in Vietnam last year, and **Dr. George Johnson, Jr.** ('50), associate professor of surgery, who talked about "Surgery on the Corridors of the Heart." Assistant Dean **J. Mitchell Sorrow** ('44) gave a report on the emergency loan fund and the scholarship funds.

Officers elected this year are:

Dr. Robert D. Croom, Jr., Maxton, N. C., president; Dr. Don R. Printz, Asheville, N. C., first vice-president; Mr. L. O. Branch, Durham, N. C., second vice-president; Dr. Key Lee Barkley, Raleigh, N. C., secretary; Dr. O. S. Goodwin, Apex, N. C., chairman, Region 2; Mr. John T. Manning, Greensboro, N. C., vice-chairman, Region 3; Mr. Allen W. Huffman, Hickory, N. C., chairman, Region 4; Mr. Bertram Finch, Charlotte, N. C., vice-chairman, Region 4; Mr. Lawrence Mills, Asheville, N. C., vice-chairman, Region 5; Dr. H. Haynes Baird, Charlotte, N. C., trustee for the Student Emergency Loan Fund, Reece Berryhill Scholarship Fund, and Charles Burnett Scholarship Fund.

The annual event was concluded with a luncheon at Chase Cafeteria.

ALUMNI NEWS



MEDICAL ALUMNI

1916

Eugene P. Pendergrass (428 Owen Road, Wynnewood, Pa. 19096) is emeritus professor of radiology at the University of Pennsylvania. He sends a snapshot taken on the front porch of his cabin at the Pocono Lake Preserve. Dr. Pendergrass (left) is standing with his grandson, Bill Huston III; his son-in-law, Bill Huston II; and his son, Dr. Henry Pendergrass (right), a member of the Harvard faculty in radiology.

Fred C. Hubbard (408 Eighth St., North Wilkesboro, N. C. 28659) graduated in medicine at Jefferson Medical College in 1918 and took two years of postgraduate training at Bryn Mawr Hospital before coming to the Carpenter Davis Hospital in Statesville as resident physician. After serving in that capacity for two years (1920 to 1922), he took a year of postgraduate work at the University of Pennsylvania and then located in North Wilkesboro, where he established the Wilkes Hospital in 1923. A fellow of the American College of Surgeons since 1927, he has served as president of the North Carolina Hospital Association (1940-41), the Medical Society of the State of North Carolina (1951-52), the North Wilkesboro Kiwanis Club (1935), and the Wilkes YMCA (1944 to 1958). He was a charter member of the Medical Care Commission and served on it from 1945 to 1950. He has been chief of the surgical staff of Wilkes General Hospital since 1952.

1923

Joseph W. Kimbrough (3118 Carolina St., N.E., Albuquerque, N. Mex. 87110) received his medical degree from the University of Maryland in 1925 and interned for a year at the Baltimore City Hospital before joining the Navy in 1926. He served as executive officer in naval hospitals at Treasure Island, Calif., and at Jacksonville and Pensacola, Fla., before becoming commanding officer of the naval hospital at Guantanamo, Cuba, in 1952. From 1954 until his retirement in 1958, he was with the military sea transportation service. He retired with the rank of rear admiral and holds the Legion of Merit. He is a fellow of the American College of Surgeons and the Royal Society of Health. Admiral Kimbrough's special interests are forensic medicine and genealogy.

1936

Sherwood W. Barefoot (1030 Professional Village, Greensboro, N. C.) (Duke '38) has practiced dermatology in Greensboro for 21 years. For the past 3½ years he has been associated with Dr. Hugh E. Fraser, Jr. He is currently president-elect of the Guilford County Medical Society.

His son, Sherwood, Jr., after graduating from Duke in 1963, spent a year at UNC working with Dr. Baggett in biochemistry. Now a second-year student in the George Washington University School of Medicine, he won third place in the annual Research Day competition for his paper, "The Distribution of Arlamidase Activity in Ox Brain."

1941

J. Rowena Sidbury Hall (1126 Magnolia Pl., Wilmington, N. C. 28401) (Johns Hopkins '43) is planning to attend the Soviet-American Pediatric Seminar in May (Moscow-Leningrad-Budapest-Vienna).

1944

Walter Lee Crouch (1002 Grace St., Wilmington, N. C. 28401) (Md. '46) took a rotating internship and one year of pediatric training at the University of Maryland Hospital. After two years in the Army (of which 16 months were spent on Okinawa), he finished his pediatric residency at the Cleveland City Hospital and Babies and Children Hospital and returned to his home town of Wilmington to practice. He has served as chairman of the Health Division of the Community Council, as president of the New Hanover County Medical Society and the Wilmington Lions Club, as a deacon at the First Baptist Church of Wilmington, and as head of the department of pediatrics at James Walker Memorial Hospital and at Babies Hospital.

Walter is married to the former Betty Bugg and they have four children—one girl and three boys. His hobbies are hunting, fishing, and photography.

Clarence M. Miller, Jr. (438 Oliver Rd., Sewickley, Pa. 15143) (Jefferson '46) has been Director of Laboratories

at Sewickley Valley Hospital since 1955 and Director of the School of Medical Technology since it was founded in 1958. He is currently helping to organize the Western Pennsylvania Reference Laboratory to serve hospitals and private laboratories in that section of the country.

His older son, Jim, is a freshman at Cornell; his younger son, Dick, is a junior in high school. He has a daughter, Alaine, in kindergarten.

J. Vincent Arey (33 Lake Concord Rd., N.E., Concord, N. C. 28025) (Harvard '46) is in private practice. The Areys have 5 children; one of their sons is a freshman at UNC.

1950

Gertrude Archer Bales (1924 Clark Rd., Rochester, N. Y. 14625) graduated from the University of Rochester in 1952, and in 1957 completed her training in otolaryngology at Strong Memorial Hospital in Rochester. Since then she has been on the full-time teaching staff at the University of Rochester, where she is now clinical associate professor of otolaryngology. In addition she is a consultant for V.A. Hospitals in Batavia and Canandaigua, N. Y., and is on the attending staff at Strong Memorial and Highland Hospitals in Rochester.

In 1953 Gertrude married Harold W. Bales, a plastic surgeon who is also an associate professor at the University of Rochester. They have two daughters—Laura, 8, and Susan, 6. They live in a 135-year-old farm house and enjoy gardening, skiing, swimming, and boating. Last October they attended the meeting of the International Congress of Plastic Surgery in Rome, Italy.

Nicholas A. Love (UNC Infirmary, Chapel Hill, N. C. 27514) received his M.D. degree from the University of Virginia in 1952 and returned to Chapel Hill to serve a two-year rotating internship on the first house staff at NC Memorial Hospital. After spending another year in Chapel Hill as assistant physician in the UNC Student Health Service, he practiced general medicine in Raleigh for seven years before returning to Chapel Hill in 1963. He is now associate physician in the UNC Student Health Service and clinical assistant professor of medicine at the School of Medicine. He is still affiliated with the Wake County Chapter of the American Association of General Practice and served as its president last year.

Because time and distance interferred with his hobby of sailing, he began flying and is now an aviation medical examiner for the Federal Aviation Agency.

John L. Watters (42 Cannon Ct., Huntington, N. Y. 11743) has recently been appointed corporate medical director of Becton, Dickinson and Company. In this position, he has medical responsibility for all product lines throughout the company. Prior to joining Becton, Dickinson, he served as medical director of the Pfizer Laboratories.

Jack graduated from the University of Maryland Medical School ('52). He is past president of the Association of Medical Directors and a member of the American Association for the Advancement of Science, the American Medical Association and the New York State Medical Society. He is married and has five children.

Stuart K. Willis, Jr.

Stuart Kendall Willis, Jr. (4 Tactical Hospital, Seymour Johnson AFB, N. C. 27530) (Duke '52) is a lieutenant colonel in the U.S. Air Force and is commander of an air transportable hospital which is serving in the Far East for three months. His wife, Gloria, and their sons, Stuart and Steven, are at home (310 Vandenburg Street, Goldsboro, N. C. 27530); their daughter, Sharon, is a junior at UNC-CH.

1951

Luther L. Anthony, Jr. (312 North Highland St., Gastonia, N. C. 28052) (Jefferson '53) is practicing internal medicine in partnership with Dr. W. A. Anthony in Gastonia. He and his wife, the former Nannette Sylvester, have three daughters, ages 11, 9, and 7.

Richard W. Borden (102 South 21st St., Morehead City, N. C. 28557) received his medical degree from Duke in 1953. During his last year at Duke, he served as an exchange student in pediatrics at St. Bartholowmew's Hospital in London. After internships in pediatrics and obstetrics at N. C. Memorial Hospital and Watts Hospital, he practiced medicine in Goldsboro from 1955 to 1965 before joining the staff of Cherry Hospital as director of its Alcoholic Rehabilitation Unit. He has also served as medical consultant for private corporations. Early in March he opened an office for private practice in Morehead City; he is a general practitioner specializing in the treatment of children.

The Bordens, she is the former Julie Kramer of Goldsboro, live at 3307 Evans St. in Morehead City.

John S. Barlow (Massachusetts General Hospital, Boston, Mass. 02114) graduated from Harvard Medical School in 1953 and has been associated with the Department of Neurology at Massachusetts General Hospital ever since; he is also affiliated with the Department of Electrical Engineering at M.I.T. He is engaged in full-time research, chiefly in computer analyses of EEG and related bioelectric signals in man, and the design of analog computer systems for analysis of bioelectric activity (he has recently invented a continuous multichannel curve reader that automatically reconverts ink traces of EEGs to their electrical form for computer analysis). He is also interested in geophysical aspects of medical geography (multiple sclerosis, rheumatic heart disease, and rheumatoid arthritis) and the physio-

logic basis of animal navigation. He is the recipient of a USPHS Research Career Development Award from the National Institute of Neurological Diseases and Blindness and is a member of the Study Section Division of Research Grants, NIH. He is author or coauthor of some 90 papers and abstracts, and has made several scientific trips to western and eastern Europe.

As a linguist, with current special interest in Russian, Italian, Spanish, Chinese, Bulgarian, Czech, and Polish he has translated a Russian monograph, "Mathematical Analysis of the Electrical Activity of the Brain" (to be published by Harvard University Press in June) and a Czech monograph, "Time Sense." He is currently translating a collection of selected Chinese papers in electrophysiology.

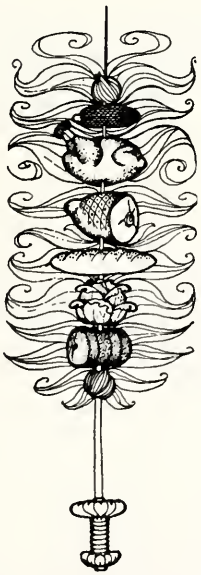
John and his wife, Sibylle, live at 38 Holden Wood Road in Concord, Mass. 01742. They have three children: Thomas (14), Robert (12), and Lisa (10). His hobbies are photography, pipe organs, and skiing.

1956

Richard A. Boyd (337 North Oak Street, Statesville, N. C. 28677) is practicing obstetrics and gynecology with a group at Davis Hospital in Statesville. Other UNC medical alumni in the group are Robert Stevenson ('59) and Ralph Bentley ('60).

He is married to the former Betty Stimson, and they have three children. His hobbies are horses, Lake Norman, and wine-making.

John L. Hazlehurst (416 Doctors Bldg., Asheville, N. C. 28801), after being away from North Carolina for ten years, returned to Asheville in 1966 to enter private practice of general surgery. He and his wife, Shirley, have a daughter, Buffy, in the eighth grade at St. Genevieve's and a son, Jock, in the sixth grade at Gibbon's Hall.



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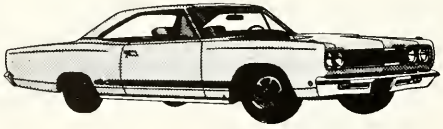

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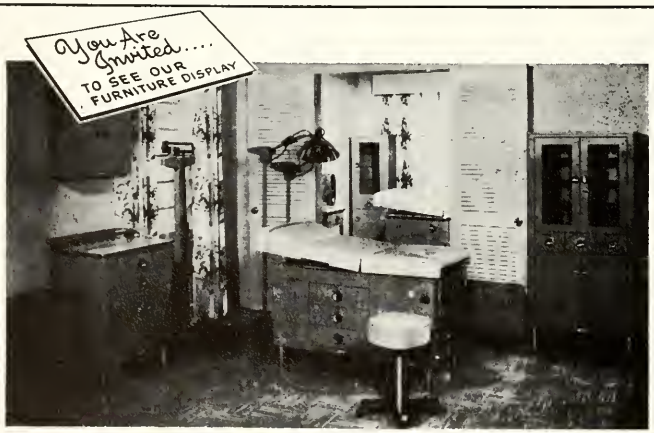

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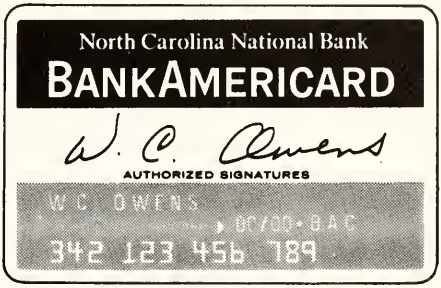

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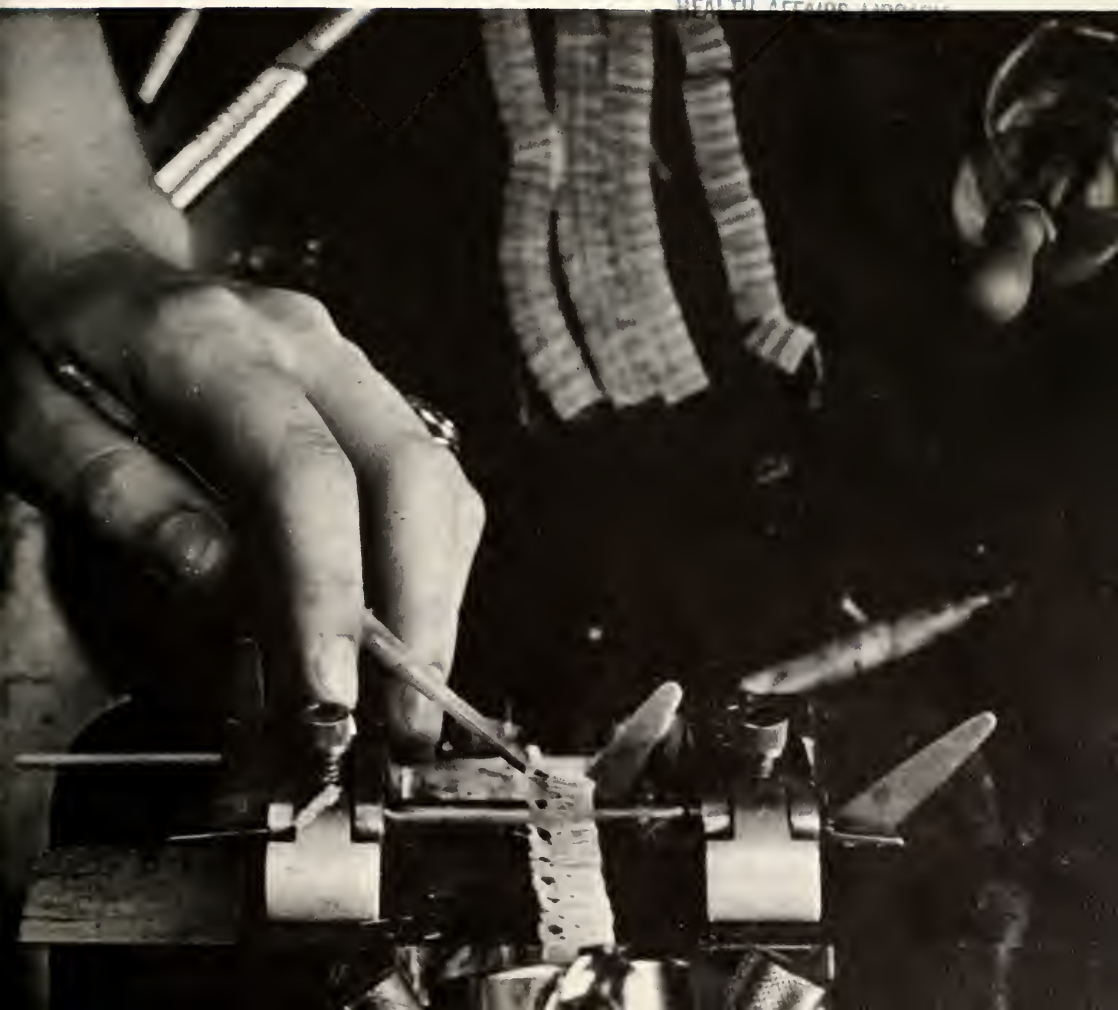

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ON THE COVER:

Aerial view of a microtome, an essential instrument for the preparation of thin tissue slices for microscopic studies.

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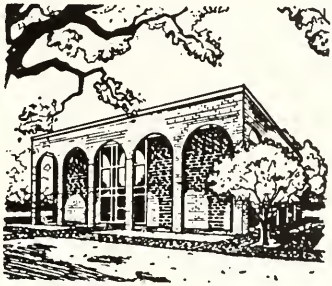

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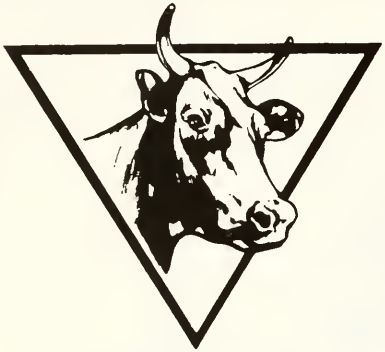

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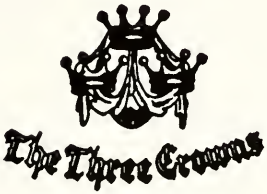

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EXERCISES IN HONOR OF THE CLASS OF 1968

Monday, June 3, 1968

Presiding: Dean Isaac Montrose Taylor, M.D.

Prelude: Pastorale, Opus 19 . . . . . *César Franck*

Processional: Rigaudon . . . . . *André Campra*
Professor Rudolph J. Kremer, Organist

Invocation . . . . . Fred William Reid, Jr.
Chaplain, North Carolina Memorial Hospital

A Word to the Graduates . . . . . Dr. Earl Ewart Peacock, Jr.

President of the Senior Class . . . . . Robert Riley Whitley

Presentation of Hoods and Alumni Certificates

The Hippocratic Oath . . . . . the graduating class in unison

Benediction—The Prayer of Maimonides . . . . . the graduating class in unison

Recessional: Caprice sur les grands jeux . . . . . *Louis Nicolas Clérambault*
From *Suite du deuxième ton*

Postlude: Psalm XIX . . . . . *Benedetto Marcello*

CLASS OFFICERS

President . . . . . Robert Riley Whitley

Vice-President . . . . . Morris Eugene Williams, Jr.

Secretary-Treasurer . . . . . Samuel Ranchor Harris

SENIOR HONORS AND AWARDS FOR THE YEAR 1967-68

The Isaac Hall Manning Award . . . . . Michael David Lutz

The James Bell Bullitt Award . . . . . Joseph Patrick Archie, Jr.

The Roche Award . . . . . Stephen Wiley Young

The George C. Thrasher, Jr., Award . . . . . Theodora Finney Lippitt

The Mosby Book Awards . . . . . William Oliver Kearse, Jr.
Ronald Glenn Michels

The Lange Awards . . . . . Isaac Alan Craig
James Monroe Nesbitt, Jr.

The Merck Awards . . . . . Thomas Harrison Whitley, Jr.
Mattie Carole Wilkerson

The Student Research Paper Awards

The Deborah C. Leary Memorial Award . . . . . Joseph Patrick Archie, Jr.
"Some Aspects of the Mechanics of Respiration"

Special Distinction
Student Research Day Award—1st . . . . . Ronald Glenn Michels
"An Evaluation of Corneal Wound Strength and Suture Materials Used in Corneal Surgery"

Ninth Annual Student Research Forum Award . . . . . Joseph Patrick Archie, Jr.

The W. R. Berryhill Merit Scholarship . . . . . William Oliver Kearse, Jr.

Alumni Merit Scholarships . . . . . Michael David Lutz
Stephen Wiley Young

Alpha Omega Alpha Honor Medical Society

Robert Lindsay Bugden
Alan Davidson III
Thomas Ladd Hensley*
William Oliver Kearse, Jr.
Edward William Kouri
Michael David Lutz*
Patrick Thomas Malone
John Calvin Markham III
Ronald Glenn Michels
Jerry Cleon Woodard
Stephen Wiley Young*

Student Delegate, Third International Conference "Future of the Brain Sciences" . . George William Bensch

Elected junior year

Message from the Dean

Belatedly but nevertheless enthusiastically this issue of the *Bulletin* is devoted to the graduating class of 1968. For many reasons this class is unique for me. At the personal level I identify strongly with it—first, because I was on the Admissions Committee that assembled it, and second, because both the class and I began new phases of our careers in September, 1964. Now the pains and pleasures and struggles of four years are part of our experience and the class has gone on to higher things.

I suppose it still is not widely known that a crisis which to me seemed of monumental proportions developed on the day this class registered as freshmen in September, 1964. Those were the times when Medicare was being hotly debated. Our state medical society, with the rest of organized medicine, vigorously opposed its passage in the Congress and feelings were intense. On that September morning, I went to the auditorium to welcome the class of '68 to the school and then returned to my desk to begin the day's work. There lay the year's first issue of the *Daily Tar Heel*, emblazoned with two-inch headlines horrifying in their political implications to a new and uncertain dean: "NEW MEDICAL DEAN URGES MEDICARE FOR ALL." Not just for those over 65, but "Medicare for *all*"! The new dean of our state's own medical school, it appeared, had declared himself far to the left of the most liberal congressman. The article itself, based on an interview with me, made clear that I favored *medical care* for all, a position considerably more restrained than that proclaimed by the headline writer's contracted creation. The editor of the *Daily Tar Heel* saw the problem at once, and since the section of the paper containing the misleading banner had been printed a day in advance of distribution, correction was accomplished. The crisis passed.

The class of '68 has seen many changes take place in the medical school. Eight new department chairmen, a new director of North Carolina Memorial Hospital, and two new assistant deans were appointed. A long-awaited building program got under way, bringing optimism for the future but also increasing inconvenience for students, faculty, patients, and visitors. Parking became competitive. The curriculum review was begun. The medical school became increasingly involved in programs of education and research in communities throughout the state. Trailers were purchased and equipped to accommodate new faculty members. It is accurate to say that the years 1964 to 1968 will in the future be recognized as the first four years in a new phase of the school's development.

Not only was the school changing. This was a time

Dean Isaac M. Taylor, M.D.

of turmoil in our entire national life. *Social revolution* is not too extreme a term to use. Confusion and anxiety arose from the failure to realize broad new expectations among the people, and the nation was involved in a deeply troubling war. Inevitably the medical school was affected.

Change is always stressful, and it seems to me that the class of 1968 not only withstood the stress well but also made many positive contributions which eased the impact of the stresses upon the school. Dialogue between faculty and students was exceptionally fine. Students participated meaningfully in changes occurring in the school, especially with respect to curriculum development. The class of 1968 gave leadership and example to their student juniors. I would characterize the class as responsible and mature.

To the members of this class—now members of the Medical Alumni Association—I want to say that we thank you for your contribution to the character of the school, we shall miss you, and we wish you well.

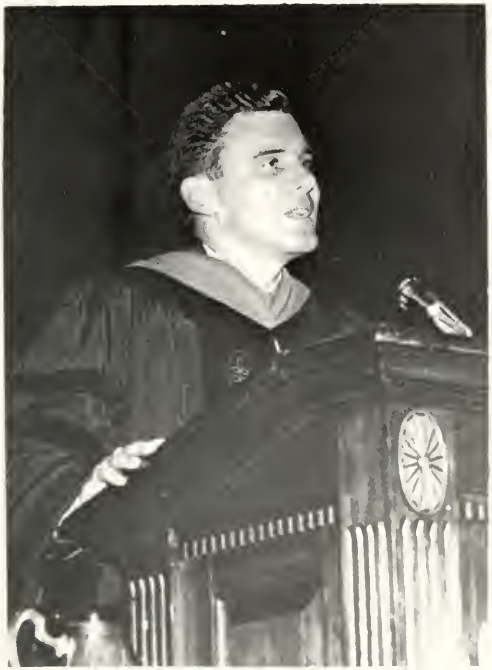
ALADDIN

By Erle E. Peacock, M.D.
Professor of Surgery

Dean Taylor, Members of the Faculty, Fellow Colleagues in Medicine, Ladies and Gentlemen: My wife, upon hearing my expression of pleasure in being asked to address you and then listening to my concern that I might not reach the standards set by others of our Faculty on similar occasions, suggested, "Be yourself and be sincere." Thus she eliminated with one statement 50% of what I would like to say to you on this memorable occasion. I then reviewed the topics conventionally addressed to a graduating class in medicine and eliminated another 49% of possible topics. As you recall, graduation addresses frequently touch upon scientific aspects of medicine, moral and ethical aspects of medicine, the art of medicine, or how to reconcile what may seem like dichotomies of purpose in blending all these concerns into being a good physician. About all I need to say about the scientific aspects of your education is to warn you that many of the facts you have been taught will be proven wrong; as for the scientific method, you have already demonstrated that you know how to use it in the field of human biology or you would not be admitted to the degree you are about to receive. It is unthinkable, in my judgment, to use the last few minutes before you receive your hood to examine your moral and ethical attitudes toward medicine. The standards you revealed as we talked about internships, the sincere and genuine concern so many of you expressed for the welfare of your classmates during the competitiveness of internship selection, and the unnumbered acts of dedication to the concept that medicine is the perfect way to serve God and man have not gone unnoticed by me and my colleagues during the years we have enjoyed and been stimulated by the pleasure of your company. I feel, therefore, that it would be redundant beyond measure to talk to you on such conventional subjects on this occasion.

Because we are so much alike in our backgrounds, education and aspirations, I have chosen to speak to you about a subject which troubles me a great deal at this moment and which, therefore, I am certain will become of growing concern to you as you take your place in our profession. The fact that the problem even exists is the best reason I can think of to warn you of the naïveté with which I and many of my classmates entered science. We were not alone, however. German scientists in both World Wars became public spectacles because of such naïveté. Physical scientists in this country and abroad since World War II also have fallen victim to similar misunderstandings of what science really is. I would define the dilemma of which I speak by first stating that science is not the atomic bomb, a glistening space craft, or a powerful antibiotic. Such items are the result of, or rather the spin-off, from the scientific method, though some have been so powerful in their impact that they have literally changed the face of the earth. Nevertheless, from the beginning, science has been a philosophy; a philosophic approach to the physical world which has as its base the ever piercing question, "Show me." Prove it to me says the scientist and I will believe; but if you cannot show me, I will remain a skeptic until the end. The scientific method—hypothesis, antithesis, synthesis—we almost take for granted; it is so much a part of everything we do—yet, do not forget that it differentiates science in its widest sense from all other intellectual activities. Interesting to me of late has been the impact which the scientific method of investigating the physical world has had upon the entire metaphysical world and the way many problems in theology, sociology, and physiology are being approached by this method. Now the reason why many of us went into science was to escape what seemed to be insoluble problems in political, theological, and sociological realms. Yet such has been our success with the scientific method that we have been brought 180 degrees about and face to face with the same or similar problems which we either consciously or subconsciously retreated into science to avoid.

A perfect example is well known to you. During the first week in last December it occurred to Christian Barnard that the time had arrived to transplant a human heart into another human being. As every medical person in this room knows, the decision to do so was not based on technical superiority or immunological knowledge greater than that possessed by the majority of medical centers throughout the world. The pure scientific justification for performing the operation—once—was that, until it had been attempted in human beings one could not say for certain that the heart was as antigenic as other organs and tissues. Now there was not one whit of



Erle E. Peacock, M.D.

evidence, of course, that this was so. And there was an enormous amount of evidence that it was not so. Nevertheless, the hypothesis could not be proven or disproven directly except by performing the experiment in a human being. If nothing else, such reasoning emphasized quite clearly that there is an important scientific discipline known as human biology and that the solution to many of the current problems in human health will come only by performing experiments on human beings. Thus, from the pure scientific standpoint, few people could be found who would criticize the first transplant on a scientific basis. Once it was known, however, that the human heart was antigenic, the scientific justification for continuing to use the field of human biology to determine how many transplants would have to be done before a close enough match during random selection could be found so that immuno-suppressive drugs would protect the heart brings us face to face with the ethical concerns which we may have retreated into science to avoid. How easy it is to be a moralist and say that until better control of the immune reaction has been developed in a zoological discipline further cardiac transplant experiments in human biology are immoral, that experimentation must be controlled by a Congressional Committee to be sure that the "me-first syndrome" in doctors is policed. I will admit that I have experienced such a reaction—strongly—as the other twelve heart transplants were reported. On further reflection, however, I find such a reaction uncomfortable. It is, frankly, very difficult to defend and at the same time be as critical as you know I have been with moralists who retreat behind similar reasoning in the management of a terminal patient. The purist position—that as long as a heart beat remains—the patient is alive and, therefore, every single thing which medical science can do to keep that heart beating must be done, has long been a favorite target for me. As a scientist, I have been intrigued with the possibility of maintaining a beating heart in an almost impossible physiological milieu. As a physician, however, I have never found anything intriguing or rewarding about preserving life in a patient for whom life holds only pain and anxiety and for whose family prolongation of a beating heart means only extending a different type of pain and perhaps an even worse anxiety. I cannot with consistency, therefore, take without reservation the side of the moralist in the heart transplantation problem, even though I have been disturbed by the loss of additional human lives in the search for one tissue match which would make it possible to set a world record with present inadequate immuno-suppressive agents.

Perhaps I am just not as brave as Sir Peter Medawar who only four years ago took a strong stand on the moral aspects of transplantation of kidneys in human beings. At the very height of his scientific career, standing on a platform of morality, Sir Peter took the position that renal transplants in human beings should not be performed until further breakthroughs in immuno-suppression occurred. No such breakthroughs have occurred during the past four years, but continued backbreaking, often discouraging, frequently criticized work in the field of human biology has brought us now to the point where 70% of anephric patients can have at least four years of healthy and happy existence with someone else's kidney. You must remember that you have never seen a patient who was doomed to life on a dialysis unit or death from uremia returned to normal health through experimental biology. Moreover, we do not know and cannot know all of the circumstances involving either the donors or the recipients in the heart transplants which have been done so far. My purpose for mentioning them to you, therefore, is neither to condemn nor condone, but to point out to you, as strongly as I know how, that there is such a field as human biology and that you are entering it at a time comparable to the early 1940's in physical science. When you receive your hood in a moment and your degree tonight, you will become a member of the only breed which has the scientific, moral, and ethical right to participate. Just as physical scientists may have retreated into pure physics or pure chemistry to avoid moral judgment, only to find themselves face to face with such problems, the close of this century is going to find workers in the field of human biology in a similar or even more awesome dilemma.

I think what our faculty would like to say to you in these closing moments is that we have confidence in you as ladies and gentlemen and confidence that you will practice the art of medicine at its highest level. We have confidence that you have learned the scientific method and mastered scientific facts sufficient to practice medicine in 1968. In the same breath, however, we would remind you that we could not give you leadership in all fields of human biology. No department or medical school can be on the frontier in every area, yet the school from which you graduate tonight owes no apologies for the leadership it has provided in many areas of human biology. In the areas where you have not been exposed to the frontier, however, it is important that you do not leap quickly to the side of the moralist or to the side of the pure scientific observer, but remain, inasfar as possible, the skeptic who says, "Show me or I shall remain a skeptic." The problems of When is a patient dead? Who shall decide which of the living shall receive the few available organs? and What are the boundaries of human biology and What price are we willing to pay to extend them? cannot be avoided. Moreover, they cannot be solved by a purely scientific, a purely moral, or a purely religious approach. Do not ever forget there were two terrible things about Auschwitz and Treblinka. One that German scientists of the caliber of Ferdinand Sauerbruch and Jacque Joseph would allow such things to be done, and two, that if they had to be done, they were done so poorly that not one bit of useful human biological data was obtained. The moral lesson is clear: By all we stand for as members of a republic, as Christians, or as decent human beings, no individual has the right to make the decision that another human being will participate unwillingly in the awesome experiments of human biology. The pure scientific approach is equally clear: When the decision is made to conduct experiments in human biology, only the highest standards for application of the scientific method can be tolerated. The blending of the two, however, in even so simple a thing as defining what informed consent really means, is, in my judgment, a problem of enormous magnitude—the solution for which, in all probability, will involve an almost superhuman blending of science, philosophy, and the Sermon on the Mount.

Now if I were to end my address by simply impressing upon you again that you are not just doctors but medical scientists in an explosive field called human biology, or by merely defining a problem in human biology for which there appears now to be no conceivable answer, by my wife's criteria, I would be letting you down. I believe that you are already dedicated and capable in the field of human biology and that you have already shown that you are willing to pay the price for excellence. There is one more ingredient needed, however, and this ingredient causes me great concern for you. My concern for you is as personal as it can possibly be, although it has probably never been expressed better than in a poem entitled "Aladdin" by James Russell Lowell:

When I was a beggarly lad,
And lived in a cellar damp
I had not a friend nor toy,
But I had Aladdin's lamp;
When I couldn't sleep for the cold,
I had fire enough in my brain,
And builded, with roofs of gold,
My beautiful castles in Spain.
Since then I have toiled day and night,
I have money and power good store
But I'd give all my lamps of silver bright
for the one that is mine no more.
Take, Fortune, whatever you choose;
You gave and will snatch again
I have nothing, t'would pain me to lose
I own no more castles in Spain.

I would not ask you to admit it on this wonderful day of pomp and ceremony, but I know that you came into our Medical School with almost child-like dreams and visions of scientific excellence. I am not so long departed from your very curriculum, however, that I do not know what the Henderson-Hesselbach equation, the odor of embalming fluid, or the endless hours spent cramming zoological facts do to such dreams and visions. If I could do but one thing for you today, I would choose to rekindle these dreams of what medical science and doctors can be. I do not know the answers to the problems that face us but I feel confident that answers will come and that they most certainly will emit from those who are not afraid of being called idealists, from those who have not developed a cynicism toward what seems now to be pathetic ineptness of their teachers and those who struggle with them, or from those who are not too blasé to dream of what seem unattainable in this hour. Once again, I know you have had such dreams; my only fear is that the very sophistication which marks your magnificent achievements at this hour may have dimmed them and dimmed them at a time when they are most needed. Courageous acts, worthwhile deeds, and clarity of vision in so much of what you must do—whether it be attending a child with a fever or toying with the very genetic basis for control of human life—must, in large measure, come from unencumbered dreams of idealists. And the wonderful reward for carrying into later life the ability to dream is that the opportunity to convert a dream into an excellent act increases exponentially as our intellect and resources are developed. What I wish for your class more than anything else this day is that you take time, be willing, and encourage unashamedly even child-like dreams of excellence. It is the best assurance I know that you will never be numbered among those cold and timid souls who have known neither victory nor defeat.

Take, Fortune, whatever you choose;
You gave and will snatch again
I have nothing, t'would pain me to lose
When I own no more castles in Spain.

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GRADUATION

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1 & 2 The processional

3 Dr. Whitley

4 Dr. Bensch

5 Dr. Kearse

6 Dr. Malone

7

GRADUATION

7 Dr. Nesbitt

8 Dr. Thomas

9 Dr. Williams

10 Dr. Young

11 "I do solemnly swear by whatever I hold most sacred . . ."

12 Drs. Proctor, Lippitt, Williams, Wilkerson and Lewis

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13 Dean Taylor and Dr. McConnel

14 Dr. Hooker, Mrs. and Dr. Kouri, and Dr. Michels

15 Admirers

16 Drs. John and Rebecca (Duke '68) Kirkland, Dr. and Mrs. Brinkhous

16

SENIOR BANQUET

Sponsored by the Medical Alumni Association
Carolina Inn — May 23, 1968

STUDENT-FACULTY DAY

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The 1968 Student-Faculty Day began with the customary morning skits at Memorial Hall, in which the four classes participated lively. Awards presented following the skits were: The Professor Award, **Dr. James H. Scatliff;** The Medical Basic Science Teaching Award, **Dr. Harold R. Roberts;** The Henry C. Fordham Award, **Dr. William Stuart Bost, Jr.;** The Outstanding Intern Award, **Dr. Gerald Wayne Blake;** and The William deB. MacNider Award, **Edward A. Norfleet ('70).**

Athletic prowess was demonstrated during an afternoon of outdoor fun at Storybook Farm. Some participated in the traditional student-faculty softball game while others engaged in volleyball or football. The events of the day were culminated by a dance at the American Legion Hut.

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1 1st year skit: "Dean Lurch" (Bill Lambeth) looks on as Dr. Rifle (John McLean) and Dr. Christopher C. Chevrolet VIII (Mike Knowles) of "the Admissions Com." witness flash flood from frightened applicant Osler Q. Phi Bate (Don Lewis).

2 Onlookers, including Beaty Bass, Jim Fulghum, Don Gabriel, and Bill Kassens appraise the feet of cadaver Janie Meschan with assistance from Dr. Whaler (Fred Euleneuer).

3 M.C. (Dick Auman) listens to Dr. Versalius Van Axe (Bill Kassens) recite the twelve cranial nerves, "On Ole Olympus' Towering Top . . ." as Dr. Weejuns (V. O. Robertson) thinks of a past poker game—Janie sleeps on!

4 Second year students led by John Leonard relive Pathology in their ballad of the Sloop John B.

5 "Gee, Frank (Gray) you're really great, really, golly!"unbiased onlooker reaction to third year skit.

6 Third-year Fiddler's on the Rooftop sing of the year's trials.

7 To whom it may concern: this is the day that was . . . "Dr. Croom" (Allen Whittaker), Ron Michels, Frank Gwathmey, Fourth year climax.

8 Fourth year M.C. George Bensch squints from faculty glare(s) as he fills in with a joke or two or three . . .

9 Dr. Scatliff

10 Dr. Roberts

11 Dr. Bost

12 E. A. Norfleet ('70)

THE CLASS OF 1968

The Bulletin appreciates the cooperation of The Medical Student Wives Association in gathering the following biographic material.

David Westley Ange (Farmville, N. C., 24 years old) graduated from UNC in 1965 with a B.S. degree in medicine. After a rotating internship at Walter Reed General Hospital in Washington, David plans to direct his training toward a specialty in radiology.

Joseph Patrick Archie, Jr. (Kinston, N. C., 29 years old) attended N. C. State University and Johns Hopkins University; he holds a B.S. degree in mechanical engineering and M.S. and Ph.D. degrees in engineering and mathematics. In 1967 he won honorable mention in an essay contest sponsored by the American College of Chest Physicians in Richmond, Va., and in 1968 was selected by the faculty to represent the school at S.A.M.A. Student Research Forum held in Galveston, Texas (Ninth Annual Student Research Award). During his senior year he was a member of the Honor Council and received the James Bell Bullitt Award and the Deborah C. Leary Memorial Award.

Joe and his wife, Sarah Ellen (also of Kinston), have one daughter, Sally. After a surgery internship at the University of Alabama Medical Center in Birmingham, he plans to specialize in thoracic and cardiovascular surgery.

George William Bensch (Raleigh, N. C., 25 years old) received his A.B. degree in political science from UNC in 1964 with honors. He was on the Honor Council during each of his four years in medical school and in his senior year he was the student representative to the Third International Conference on "Future of the Brain Sciences." George, who is married to the former Sharon Howell of Concord, N. C., is interning in pediatrics at NC Memorial Hospital. He plans to specialize in pediatric neurology.

Lucius Blanchard (Ahoskie, N. C., 25 years old) graduated from UNC in 1964 with an A.B. degree in English and psychology. Luke is interning in medicine at the Eugene Talmadge Memorial Hospital in Augusta, Ga.

Robert Lindsay Bugden (Syracuse, N. Y., 26 years old) received his A.B. degree in zoology from UNC in 1964. He was elected to AOA in 1968. Bob plans to specialize in surgery and is serving an internship in surgery at Roosevelt Hospital in New York City.

Herbert Roscoe Cavenaugh, Jr. (Wilmington, N. C., 36 years old) attended Colgate University for two years (1950-52) and graduated from UNC with a B.S. degree in medicine in 1965. Herb and his wife, Mary Jane (formerly of Uvalde, Texas), have two boys, John and James. After a rotating internship at the University of Texas Medical Branch Hospital in Galveston, Herb plans to specialize in obstetrics.

Philip Divoll Coleman, Jr. (Greenville, N. C., 24 years old) received a B.S. degree in medicine from UNC in 1965. He is interning in surgery at Vanderbilt Hospital in Nashville, Tenn. Phil plans to practice surgery in eastern North Carolina.

Isaac Alan Craig (Lenoir, N. C., 25 years old) graduated from UNC in 1964 with an A.B. degree in sociology. He served as chairman of the Honor Council and won a Lange Award in 1968. Alan is interning in pathology at Strong Memorial Hospital in Rochester, N. Y.

Edward William Davidian (Smithfield, N. C., 28 years old) graduated from UNC with an A.B. degree in chemistry in 1963. On May 18, Ed married the former Helene E. Daberkow, R.N., from West Haverstraw, N. Y. He is serving an internship in surgery at Eugene Talmadge Memorial Hospital in Augusta, Ga. and plans to go into group practice.

Alan Davidson, III (New Bern, N. C., 26 years old), after graduating from Dartmouth College in 1963 with an A.B. degree in French, took a year of science at Duke University. He received the Merck Award in 1966 and is a member of AOA. Alan and his wife, the former Rosa Lee Armstrong (also from New Bern), have two children, Anne and Nancy. They are now living in Palo Alto, Calif., where Alan is interning in surgery at Stanford Medical Center. He is planning on a residency in ophthalmology.

James Edwin Drake (Charlotte, N. C., 26 years old) is a graduate of UNC with an A.B. degree in chemistry. He was vice-president of his freshman class in medical school. Jim and his wife, the former Gail Brown, also from Charlotte and formerly of Dallas, Texas, are now in Augusta, Ga., where he is serving a straight medicine internship at Eugene Talmadge Memorial Hospital. After a residency in internal medicine, he plans to go into private practice.

Matthew Roy Friedman (New York City, 24 years old) attended City College of New York from 1960 to 1962 and UNC from 1962 to 1964 where he obtained an A.B. degree in political science. Mat is doing a rotating internship at Lenox Hill Hospital in New York City and plans to specialize in internal medicine.

Terry Donald Golden (Raleigh N. C., 26 years old) graduated from UNC in 1964 with an A.B. degree in chemistry. He is married to the former Arleen Unell of Atlanta, Ga. Terry is interning in medicine at William A. Shands Hospital in Gainesville, Fla. He plans to practice internal medicine, specializing in endocrinology.

Allan Walmsley Gray (Chapel Hill, N. C., 25 years old) received his A.B. degree in history from UNC in 1964. He is serving a rotating internship at Norfolk General Hospital in Norfolk, Va.

Joseph Waldo Griffin Jr. (Williamston, N. C., 26 years old) graduated from UNC in 1964 with an A.B. degree in chemistry. He and his wife, Dianne (from Jamesville, N. C.) are living in Columbus, Ohio, while Joe is interning in medicine at the University Hospital. He will probably become a family practitioner.

Frank Winston Gwathmey (Wilmington, N. C., 25 years old) received his A.B. degree in chemistry from the University of Virginia in 1964. He is serving a surgery internship at the University of Virginia Hospital in Charlottesville. Frank plans to practice orthopedic surgery in Wilmington after completing his training.

William Franklin Hancock, Jr. (Robbins, N. C., 23 years old) is a 1964 graduate of UNC with an A.B. degree in chemistry. Frank and his wife, the former Rose Street of Glendon, N. C., have one daughter, Amy Roxanne. They are living in Richmond, Va., while Frank is interning in pathology at the Medical College of Virginia.

Samuel Ranchor Harris (Thomasville, N. C., 26 years old) graduated from UNC in 1964 with A.B. degree in English. He was secretary-treasurer of his senior class. Sam and his wife, the former Evelyn Long of Thomasville, are now in Gainesville, Fla., where he is serving a medical internship at the William A. Shands Hospital.

Hoke Frederick Henderson, Jr. (Elkin, N. C., 25 years old) received his A.B. degree in history from Yale University in 1964. On June 18, Rick married the former Joan Karen LeCraft from Oberlin, Ohio. He is interning in pathology at NC Memorial Hospital.

Thomas Ladd Henley (New York City, 25 years old) graduated from Cornell University in 1964 with an A.B. degree in chemistry. Tom was awarded the Alumni Merit Scholarship in 1965 and the Riggins Scholarship in 1966. In 1967 he was elected to membership in AOA. He is now serving a medical internship at Vanderbilt Hospital in Nashville, Tenn., and plans to specialize in either medicine or psychiatry.

James Starkey Howard, III (Raleigh, N. C., 33 years old), after attending Atlantic Christian College, received a B.F.A. degree from Columbia University in 1956 and a B.S. degree in medicine from UNC in 1966. Jim and his wife, the former Janet Allen of Wilson, N. C., have two children: James Starkey, IV, and Margaret Victoria. Jim is interning in surgery at NC Memorial Hospital, and plans for a residency in neurosurgery.

Ronald Freeman Joyner (Ahoskie, N. C., 25 years old) graduated from UNC in 1964 with an A.B. degree in English. Ron was president of his class and a member of the Whitehead Council his first three years, recipient of the William deB. MacNider Award his second year, and president of the Whitehead Society his fourth year. He is married to the former Susan Durfey of Palmdale, Calif. They are now living in Springfield, Ohio, where Ron is serving a rotating internship at Mercy Hospital. After a two-year residency in family practice, Ron wants to practice this specialty in eastern North Carolina.

William Oliver Kearse, Jr. (Canton, N. C., 24 years old) received a B.S. degree in medicine from UNC in 1965. In addition to being a member of AOA, he was granted a W. R. Berryhill Merit Scholarship and won a Lange Award in 1968. Bill and his wife, Elizabeth Ann (from Tenafly, N. J.), are living in Denver while he serves an internship in medicine at the Colorado Medical Center. After completing a residency in internal medicine he plans to go into private practice.

John Lindsey Kirkland, III (Durham, N. C., 25 years old) graduated from UNC in 1964 with a B.S. degree in mathematics. John and his wife, the former Rebecca Trent of Durham (a 1968 Duke M.D.) are now living in Houston, Texas, where he is interning in pediatrics at Ben Taub Childrens Hospital. John wants to go into academic pediatrics.

Edward William Kouri (Chapel Hill, N. C., 25 years old) is a 1965 graduate of UNC, where he received his B.S. degree in medicine. He is a member of AOA. On June 8, Ed married the former Cathy Ann McGregor of Charlotte, N. C. He is serving an internship in medicine at Colorado Medical Center in Denver, and hopes to practice internal medicine.

Jerold Ezra Lancourt (New York City, 24 years old) received his A.B. degree in history from the University of Pennsylvania in 1964. Jerry is interning in surgery at the University Hospital of Cleveland, Ohio. Later he will decide whether to specialize in

plastic or cardiovascular surgery, but would like to settle in an academic environment.

Valerie Ann Lewis (Bronx, N. Y., 24 years old) graduated from Duke University in 1964, receiving her A.B. degree in zoology. Valerie is now in Richmond, where she is serving a pediatric internship at the Medical College of Virginia. She plans a residency in pediatrics.

Theodora Finney Lippitt (Savannah, Ga., 24 years old) attended Goucher University until 1964. During her medical school training "T" received the Heusner Pupil Award and the George C. Thrasher, Jr. Award. She is interning in medicine at Presbyterian Hospital in New York City.

James Conrad Little, Jr. (Knoxville, Tenn., 25 years old) received his A.B. degree in English from the University of Tennessee in 1964. Jim is serving an internship in medicine at the North Carolina Baptist Hospital in Winston-Salem, and is planning a career in obstetrics.

George Gene Lothian (Raleigh, N. C., 26 years old) attended NC State University for one year before transferring to UNC, where he graduated in 1964 with an A.B. degree in English. George was vice-president of his junior class and was senior class representative to the Whitehead Council. He and his wife, the former Nancy Rankin of High Point, N. C., are living in Springfield, Ohio, where George is taking a rotating internship at Mercy Hospital. He plans to go into family practice.

Roy Frank Lowry, Jr. (Jackson, N. C., 25 years old) is a 1965 graduate of UNC with a B.S. degree in medicine. Frank and his wife, the former Patricia Sue Hayman of Huntington, W. Va., have one son, Brian Patrick. Frank is interning in medicine at the University of Virginia in Charlottesville. He plans to practice ophthalmology.

Michael David Lutz (Reading, Pa., 27 years old) graduated from Yale University in 1962 with an A.B. degree in philosophy. Mike received UNC Medical Alumni Loyalty Fund Merit Awards in 1966 and 1967, the Mosby Book Award in 1966, the Lange Award in 1967, and the Isaac Hall Manning Award in 1968. He was elected to AOA in 1967. He and his wife, the former Anne Scully from Wyomissing, Pa., have one daughter, Anna Elizabeth. They are now living in Baltimore, where Mike has a staff internship in medicine at Johns Hopkins Hospital. His future plans call for a residency in internal medicine and an academic career.

Patrick Thomas Malone (Durham, N. C., 23 years old) attended Northwestern University for two years before entering Medical school. He is a member of AOA. Pat is serving a rotating internship at Bethesda Naval Hospitals in Bethesda, Md., and while still in the Navy will pursue a residency in psychiatry.

John Calvin Markham, III (Winnsboro, S. C., 26 years old) is a 1964 graduate of Duke University with an A.B. degree in religion. He is a member of AOA. John is married to the former Dianne Monroe of Rockingham, N. C. He is interning in medicine at Eugene Talmadge Memorial Hospital in Augusta, Ga., and plans to go into group practice as an internist with a subspecialty in endocrinology or gastroenterology.

Robert Gale Martin (Jonesville, N. C., 25 years old) received an A.B. degree in chemistry from UNC in 1964. Gale and his wife, the former Bernice Vestal (also of Jonesville), have three children: Robert Mitchell, Jonathan Gregory, and Anne Elizabeth. Gale is serving a medical internship at Jackson Memorial Hospital in Miami, Fla.

Fred Micheau Scovil McConnel (Asheville, N. C., 26 years old) majored in political science at UNC, receiving his A.B. degree in 1964. Fred and his wife, Mary Anne (also from Asheville), are living in Iowa City, where he is serving a rotating internship at State University of Iowa Hospitals. He wants to specialize in otolaryngology.

Ronald Glenn Michels (Henderson, N. C., 24 years old) is a graduate of UNC with a B.S. degree in medicine. He is a member of AOA. In 1968 he won the Mosby Book Award and 1st prize at the Student Research Day. Ron has an internship in private medicine at Johns Hopkins Hospital in Baltimore. He plans to take a residency in ophthalmology.

James Monroe Nesbitt, Jr. (Weaverville, N. C., 25 years old) received a B.S. degree in medicine from UNC in 1965. He was a class representative for the Student Curriculum Evaluation Committee and won a Lange Award in 1968. Jim and his wife, the former Susan Chandler of Weaverville, have one son, Christopher Scott. Jim is taking a rotating internship at the Medical College of South Carolina in Charleston. He plans to do family practice, with emphasis on medicine and pediatrics.

Michael Ray Owens (Belews Creek, N.C., 25 years old) is a 1964 graduate of UNC, where he received an A.B. degree in chemistry. Mike and his wife, the former Sally Laws of Raleigh, N. C., are now in Augusta, Ga., where he is serving a rotating internship at Eugene Talmadge Memorial Hospital. Mike plans to specialize in obstetrics and gynecology.

Rutherford Brown Polhill, Jr. (Wilson, N. C., 26 years old) attended Duke University and Atlantic Christian College before entering UNC, where he received his B.S. degree in bacteriology in 1964. Rud and his wife, the former

Martha Putney of Elm City, N. C., have two children: 3-year-old Rutherford Brown, III, and 1-year-old Martha Scovill. Rud is serving a pediatric internship at the University of Alabama Medical Center in Birmingham. He plans to enter the private practice of pediatrics, with a part-time affiliation in a teaching center.

James Meyers Powell, Jr. (High Point, N.C., 27 years old) received an A.B. degree in chemistry from UNC in 1963. Meyers is interning in medicine at the Medical College of South Carolina in Charleston. He is planning for further training in internal medicine, with special interest in neurology and psychiatry.

John Livingston Powell (Clinton, N. C., 25 years old) is a graduate of Davidson College, where he received his B.S. degree (premed.) in 1964. John was in the U. S. Army Senior Medical Student Program. He and his wife, the former Caroline Walker of Wilmington, N. C., have one son, John Bingham. After completing his rotating internship at Tripler General Hospital in Honolulu, John wants to take a military residency in obstetrics and gynecology or in neurosurgery.

Camilla Allyn Proctor (Elm City, N. C., 25 years old) attended UNC at Greensboro and received an A.B. degree in zoology from UNC at Chapel Hill in 1964. Camilla was secretary of her third-year class. She is taking a rotating internship at the University of Alabama Medical Center in Birmingham, and is planning to undertake a residency in medicine with one year of pediatrics.

David John Reese, II (Danville, Pa., 27 years old) received an A.B. degree in biology from Princeton University in 1962. Dave is married to the former Jane Sullivan of Reading, Pa. After completing a pediatric internship at the University of Virginia in Charlottesville, he plans to take a residency in pediatrics before entering private practice.

James Moody Rhyne (Charlotte, N. C., 25 years old) finished his premedical work at Davidson College in 1964, receiving the B.S. degree. Jim and his wife, Anne (also from Charlotte), are living in Charleston, where he is serving a medical internship at the Medical College of South Carolina. His future plans include a residency in medicine and small town practice.

David Martin Rubin (Greensboro, N. C., 26 years old) graduated from UNC in 1963 with an A.B. degree in English. Dave is interning in pediatrics at Presbyterian Hospital in New York City and plans to practice in Greensboro, subspecializing in pediatric hematology. He was champion wrestler of the graduate school.

John Erich Schweistris, III (Greensboro, N. C., 26 years old) graduated from Duke University in 1963 with an A.B. degree in German. He was a recipient of the Grace A. Goldsmith 1966 Goldberger Student Fellowship for Research in Clinical Nutrition awarded by AMA. Erich is serving a medical internship at the University Hospital in Columbus, Ohio.

Eugene Franklin Shavender (Raleigh, N. C., 25 years old) received an A.B. degree in psychology from UNC in 1964. Frank and his wife, the former Jane Hanling of Greensboro, N. C., are now in Charleston, where he is taking a rotating internship at the Medical College of South Carolina. After training, Frank plans to go into the group practice of obstetrics and gynecology.

Robert Bruce Shearin (Raleigh, N. C., 25 years old) is a 1964 graduate of NC State University, where he received a B.S. degree in zoology. Bob was treasurer of his second-year class, class representative to the Whitehead Council his third and fourth years, and chairman of the Student Research Day program. He and his wife, Kay, of Smithfield, N. C., are living in Nashville, Tenn., where Bob is interning in pediatrics at Vanderbilt University Hospital. He plans to practice pediatrics in a large North Carolina town.

George Stewart Stretcher (Waynesville, N. C., 26 years old) received an A.B. degree in history from UNC in 1963. George and his wife, Olynda, from Dublin, Ga., have one daughter, Elizabeth. George is serving an internship in internal medicine at Eugene Talmadge Memorial Hospital, in Augusta, Ga.

William Swain Teachey (Rose Hill, N. C., 25 years old) received a B.S. degree in medicine from UNC in 1965. Bill is interning in surgery at William A. Shands Hospital in Gainesville, Fla. After a residency in otolaryngology, he plans to practice in eastern North Carolina.

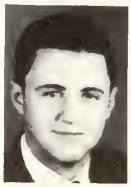
Robert Goodwin Thomas (Charlotte, N. C., 26 years old) is a 1963 graduate of Duke University, where he received an A.B. degree in psychology. He and his wife, Devonne (also of Charlotte), are living in Lexington, Ky., while Robert is serving an internship in surgery at the University of Kentucky Hospitals. He plans to specialize in plastic surgery.

Herman Ora Thompson, Jr. (Chapel Hill, N. C., 25 years old) graduated from UNC in 1964 with an A.B. degree in chemistry and zoology. Bud is married to the former Jacqueline Darby of Rock Hill, S. C. He is interning in medicine at Eugene Talmadge Memorial Hospital in Augusta, Ga., and plans to take a residency in medicine or ophthalmology.

Frank Charles Tucker, Jr. (Charlotte, N. C., 26 years old) attended NC State University until 1964. Charles and his wife, Jane (from Rutherfordton, N. C.), are living in Nashville, Tenn., where he is serving an internship in surgery at Vanderbilt University Hospital. Charles hopes for a fellowship in a basic discipline (such as GIT or endocrine) prior to practicing surgery in North Carolina.

Robert Carroll Vanderberry, Jr. (Ahoskie, N. C., 24 years old) entered medical school after three years at UNC. Bob was a class representative to the Whitehead Council his first year and treasurer of the Whitehead Society his second year. He and his wife, Ann Louise, have one son, Robert Carroll, III. After completing a rotating internship at the Naval Hospital in Portsmouth, Va., Bob plans to take his residency with the Navy and then specialize in pediatrics.

Jack Gardner Wall (Burlington, N. C., 25 years old) is a 1964 graduate of Duke University, with an A.B. degree in philosophy. Jack and his wife, the former Nancy Barden of Philadelphia, have two children. Jack is taking a rotating internship at Mary Fletcher Hospital in Burlington, Vt. He plans to specialize in radiology.



James Allen Whitaker (Rocky Mount, N. C., 25 years old) graduated from UNC in 1964 with an A.B. degree in history. Allen was vice-president of his third-year class. He is taking an internship in medicine at Emory University Hospital in Atlanta.

Walter Clayton Whitehurst, Jr. (Bethel, N. C., 25 years old) received an A.B. degree in history from UNC in 1964. He is married to the former Mary Winifred Everett of Robersonville, N. C. Walter is serving a surgery internship at Vanderbilt University Hospital in Nashville, Tenn., and wants to practice general surgery in North Carolina.

Robert Riley Whitley (Yanceyville, N. C., 25 years old) is a 1965 graduate of UNC, with a B.S. degree in medicine. Bob was vice-president of the Whitehead Society in 1967, on the Whitehead Council for four years, delegate to National S.A.M.A. conventions in 1966 and 1967, president of his fourth-year class, and on the Student-Faculty Advisory Committee. He and his wife, Denice (of Reidsville, N. C.), are now in Danville, Pa., where Bob is serving a rotating internship at the Geisinger Medical Center. He plans to practice internal medicine in Reidsville.

Thomas Harrison Whitley, Jr. (Yanceyville, N. C., 26 years old) is a graduate of Davidson College, where he received a B.S. degree in biology and chemistry in 1964. He was a 1968 winner of the Merck Award. Tom and his wife, the former Judith Rice, also of Yanceyville, are living in Nashville, Tenn., where he is interning in medicine at Vanderbilt University Hospital. He plans to specialize in radiology.

Mattie Carole Wilkerson (Greenville, N. C., 26 years old) received an A.B. degree in biology from UNC at Greensboro in 1964. In 1968, she won one of the two Merck Awards presented to members of the senior class. Carole is interning in pediatrics at Strong Memorial Hospital in Rochester, N. Y.

Morris Eugene Williams, Jr. (Henderson, N. C., 26 years old) completed his premedical training at Davidson College where he graduated in 1964 with a B.S. degree. Morris was treasurer of his third-year class and vice-president of his fourth-year class. His wife is the former Ann Dozier of West Point, Va. Morris is interning in medicine at the University of Alabama Medical Center in Birmingham. He plans to enter the private practice of internal medicine in North Carolina.

Roberta Gay Williams (Rocky Mount, N. C., 26 years old) graduated from Duke University in 1963 with a B.S. degree in zoology. Roberta was class secretary her first and second years, secretary of the Whitehead Society her third year, and a member of the Reference Committee on Medical Trends at the National S.A.M.A. Convention her third and fourth years; her fourth year, she was chairman of the Standing Committee on Medical Trends. After completing her pediatric internship at NC Memorial Hospital, she plans to specialize in pediatric cardiology.

Charles Nelson Williamson (Westfield, N. J., 25 years old) took his premedical work at Davidson where he received a B.S. degree in 1964. Charles is interning in medicine at Grady Memorial Hospital in Atlanta, Ga.

Jerry Cleon Woodard (Kenly, N. C., 25 years old) received an A.B. degree in chemistry from UNC in 1964. Jerry is a member of AOA. He and his wife, the former Beverly Wells of Leicester, N. C., are living in Augusta, Ga., where he is serving an internship in medicine at Eugene Talmadge Memorial Hospital. He plans to practice internal medicine in North Carolina.

Richard Henry Wray, III (Reidsville, N. C., 26 years old) received his B.S. degree from Davidson College in 1964, with a major in chemistry and biology. Dick and his wife, Barbara (of Shelby, N. C.), have one daughter, Kimberly. He is interning in surgery at the University Hospitals of Cleveland, Ohio, and plans a career in academic general surgery.

John Herman Wright (Asheboro, N. C., 25 years old) finished his premedical work at Davidson College, where he graduated in 1964 with a B.S. degree. John is taking a rotating internship at Geisinger Medical Center in Danville, Pa. He plans to specialize in otolaryngology.

Stephen Wiley Young (Angier, N. C., 25 years old) graduated from UNC in 1963 with an A.B. degree in zoology. Steve received the Lange Award in 1966, the C. V. Mosby Co. Book Award in 1967, UNC Medical Alumni Loyalty Fund Merit Awards in 1966 and 1967, and the Roche Award in 1968. He was elected to AOA in 1967 and was president of its UNC Chapter in 1967-68. He and his wife, the former Alice Shirah of New Orleans, have one son, Parker. They are now in Denver, where Steve is serving a surgery internship at the University of Colorado Medical Center. He plans to specialize in general or plastic surgery.

Nine out of ten (92 per cent) of the graduates were assigned by the National Intern Matching Program to one of their first three choices of hospitals; 60 per cent, to hospitals of their first choice.

Of 68 students in the senior class, 57 will serve internships in university hospitals, 4 in military hospitals, and 7 in other categories of hospitals. Twenty-five of the internships are in medicine, 14 in surgery, 8 in pediatrics, and 3 in pathology. Eighteen are rotating internships.

MAIMONIDES' PRAYER, A.D. 1165

Be Thou with me, Almighty Father of Mercy, in all my efforts to heal the sick. Grant that I may be filled with love for my fellowmen. May the thirst for gain and the desire for fame be far from my heart. Preserve my strength, that I may be able to restore the strength of the rich and the poor, the good and the bad, the friend and the foe. Let me see in the sufferer the man alone.

When wiser men teach me, let me be humble to learn; for the mind of man is so puny, and the art of healing so vast. But when fools are ready to advise, or to find fault with me, let me not listen to their folly.

Let me be intent upon one thing, O Father of Mercy, to always be merciful. Give me strength, and leisure, and zeal to enlarge my knowledge. Our work is great and the mind of man presses forward forever!

Thou has chosen me in Thy Grace to watch over the life and death of Thy creatures. Guide me in this immense work, so that it may be of avail.

The Hand Rehabilitation Center

By J. Nelson Parker

Vocational Rehabilitation Counselor

Nearly one-quarter of on-the-job accidents in the United States results in a disabling injury to the hand; such accidents involve an expenditure of more than one million dollars annually in Workmen's Compensation payments. Home accidents and disabilities of the hand secondary to diseases such as rheumatoid arthritis also result in a large number of permanent disabilities.

Remarkable progress in rehabilitation of injured hands has occurred during postwar years. Surgical techniques developed during World War II and the Korean conflict have made it possible to restore many architectural disruptions which might have resulted in amputation only a few decades ago. In addition, the introduction of new drugs, development of new techniques for immobilization and splinting, and refinement of occupataional and physical therapy procedures have contributed to the reduction of permanent disability and of time lost from work.

The two most difficult problems in rehabilitation of severely injured hands at this time are preventing and overcoming interphalangeal joint stiffness and controlling pain and edema during the post-injury period. Presently, the most effective way of treating both joint stiffness and edema is by closely supervised and highly specialized programs of physical and occupational therapy (Figure 1). However, progress often is slow, and it is impractical to keep patients in critically needed hospital beds for the long periods necessary to obtain optimum results. Conventional short periods of outpatient therapy also are unsatisfactory, as sustained effort frequently is needed to overcome severe deformities.

In Chapel Hill such logistical problems were especially apparent because of the distances over which many patients with injured hands had to travel. The first step in solving some of these problems was taken in 1962, when Dr. Erle E. Peacock, Jr., Professor of Surgery at the University of North Carolina School of Medicine, acquired a two-year research and demonstration grant from the Office of Vocational Rehabilitation to establish a hand rehabilitation center. The Clinical Research Unit of the North Carolina Memorial Hospital was the first home for the Hand Center; six months later a house in Chapel Hill was rented for this purpose. The first objective was to provide a low-cost ambulatory care unit where patients with disabilities of an upper extremity could be treated pre- and post-operatively for relatively long periods. Other objectives were to provide a center for teaching rehabilitation of the hand and to provide opportunities for both basic scientists and clinicians to study patients in a controlled environment.

The Hand Rehabilitation Center is now located in a two-story brick building within walking distance of Memorial Hospital (Figure 2). The lower floor is utilized for treatment of patients and the upper floor is arranged as a dormitory for male patients. Female patients reside in private homes in Chapel Hill. Pa-

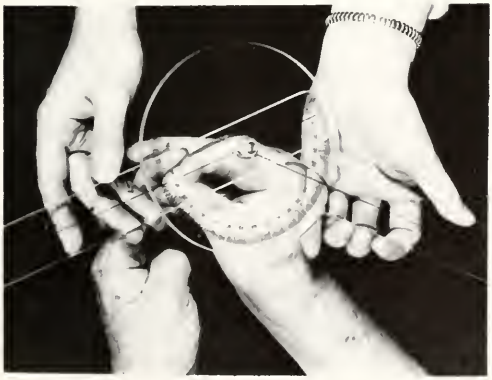
Passive motion must be accomplished by therapy before active motion can be obtained.

The Hand Rehabilitation Center.

tients go to the North Carolina Memorial cafeteria for their meals.

The professional staff of the Hand Center includes two physical therapists, Mr. George Hamilton and Mrs. Johanne Cummings (Figure 3); two occupational therapists, Miss Irene Hollis and Miss Gloria DeVore; a splint maker, Mr. Elisha Denny; and a Vocational Rehabilitation Counselor associated with the North Carolina Division of Vocational Rehabilitation, Mr. J. Nelson Parker. The Medical Director is Dr. John W. Madden, Assistant Professor of Surgery. The Hand Center has been organized as a section of the Division of Plastic Surgery in the School of Medicine, but referral of patients from other services and from practicing physicians throughout the state is encouraged. Pre-operative and post-operative care, as well as diagnostic studies, is available to the patients of any physician who have need of these services.

Miss Irene Hollis, Occupational Therapist, explains splint design to two medical students.



A goniometer is used to measure each joint of affected hand.

Educational opportunities in the Hand Center are unexcelled. Medical students and house officers attend numerous weekly conferences, and students in the Department of Physical Therapy spend blocks of time receiving instruction and perfecting techniques of upper-extremity rehabilitation. The master's degree program in Rehabilitation Counseling at the University of North Carolina also utilizes the center to provide experience in a specialized rehabilitation unit. In addition, a course in rehabilitation medicine of the upper extremity was offered to physicians, occupational therapists, physical therapists, nurses, rehabilitation counselors, etc. last year. The course attracted 42 students from over the United States; it is planned that such a course will be an annual event.

The Hand Center also provides exceptional opportunities for clinical and basic research. The science of measurement has been introduced into all of the activities, and elaborate records are kept on each patient (Figure 4). Such records have provided the first reliable data from which conventional physical therapy and occupational therapy techniques could be scientifically evaluated. As a result, some conventional techniques have been discarded while others have been revised and improved; the average treatment period in the Hand Center has been reduced from three weeks to eleven days because of such studies. One of the more interesting studies now in progress is being conducted in conjunction with the Department of Psychology. Motivation, of course, is one of the important factors in the success of any patient's rehabilitation endeavor. An interdisciplinary research program utilizing the superb testing facilities of the Psychology Department is already producing valuable information.

During the past six years, the Hand Center has treated 730 patients. A patient's treatment day is usually divided equally between occupational therapy and physical therapy. Over 70% of the patients have returned to their former jobs or to a different job at the same economic level. A few patients actually have raised their economic status by taking advantage of the vocational training offered by supporting agencies. No patient has left the Hand Center with less than 50% reduction in his or her permanent partial disability rating.

Referrals are accepted from all physicians and sponsoring agencies. Vocational rehabilitation programs in North Carolina and surrounding states, Industrial Commissions in the southeastern states, the Crippled Children's Section of the North Carolina State Board of Health, and most insurance companies have endorsed the Hand Center and support the services which it provides. Patients may be referred by contact with physicians in the Surgical Biology Division or by a direct call to Mr. J. Nelson Parker, Hand Rehabilitation Center, 239 Jackson Circle, Chapel Hill, North Carolina, 27514. Phone: 966-1063.

The Psychiatric Day Unit

By

Liam N. Daly, M.D.*
Instructor in Psychiatry

The Adult Psychiatric Day Unit has been in operation since January. It is currently located in Trailer "L," next to the Intern's Quarters.

The Psychiatric Day Unit (note, not *Day Care Unit*) is staffed by a team whose work represents the sociologic concept of "role expansion." The team members—nurse, nursing assistant, occupational therapist, social worker, and psychiatrist—do not confine their work strictly to their professional roles; the nursing assistant, for example, takes part in group therapy as a co-therapist, and the psychiatrist participates in recreational therapy. So far this expansion of roles has proved to be an excellent means of monitoring the progress of patients and affording a consistent approach to treatment. The benefit to the team member is principally that of an increased interest in the work.

The maximum capacity of the unit at present is eight patients. The typical day starts at 9 a.m., when the patients meet to decide their activities for the day. At this time they also ventilate grievances and attempt to solve some of their problems of functioning on the unit. A coffee break from 9:30 to 10 is followed by two hours of occupational therapy. Patients make their own arrangements for lunch but are permitted to eat in the hospital cafeteria if they wish. At 1 p.m. the unit reconvenes for group therapy until 2:30. Recreational activities, including off-campus excursions to putting ranges, art galleries, bowling alleys, industrial sites, movies, and so forth, are scheduled from 2:30 until 4:30. At 4:30 the patients leave for home.

Psychodrama

* Deputy Director of the Orange-Person County Comprehensive Community Mental Health Center.

It may be seen that the prime emphasis is on the social therapies. Although other approaches are included in the therapeutic program of individual patients, they are not necessarily used by the Day Unit. Some patients, for example, receive individual psychotherapy, which may be given by the referring physician. In such cases the unit psychiatrist requests that the psychotherapist consult with the Day Unit staff, in an effort to coordinate the individual's psychotherapy with the Day Unit program. In selected cases, family therapy is offered for a maximum of three sessions. The technique used is the four-way interview with the psychiatrist and social worker as co-therapists.

Patients admitted to the unit are given a physical examination, including a complete blood count, serologic tests for syphilis, a chest x-ray, and a urinalysis. The general hospital cooperates in evaluating cases in which organic pathology is suspected. Psychological testing is usually administered by a consultant from the psychiatric outpatient department. Vocational rehabilitation counseling has been gladly accepted as an additional consultative service.

Patients are expected to assume responsibility for taking their drugs, but "drug rounds" are made once a week by the psychiatrist.

Who are candidates for day treatment? The only psychiatric patients who are excluded from the unit are severely agitated and destructive patients and those with a diagnosis of sociopathy, severe organic brain syndrome, or mental retardation. Severely schizoid personalities without psychosis also tend to respond poorly in this unit.

Staff and patients participate in occupational therapy.

What are the advantages of the Day Unit? There are numerous economic advantages to the patient and his family, and the unit sometimes makes it possible for local students to continue their schoolwork while they are under treatment. It provides a form of psychiatric treatment more intensive than outpatient care but perhaps less intensive than inpatient care. In certain cases, day treatment of patients who were on the inpatient waiting list has made full inpatient hospitalization unnecessary.

The problems include the geographic limitations imposed by distance of the patient's home from the unit and the "unscheduled" absences of patients. These are usually related to an increase in the patient's anxiety, and every effort is made by telephone to persuade him to return.

Although day treatment obviously has no claim to be a panacea, it is an important addition to the range of psychiatric services available to the community and should offer an avenue of recovery to many who are not prepared to accept inpatient treatment. In the present pilot phase of the Day Unit's existence, its full potential for educational and research functions has not been determined. It is clear, however, that a rich field for the study of psychosocial behavior is available to us.

. going home at the end of the day

NEWS FROM THE HILL

The contributions of DR. JOHN B. GRAHAM during his 22 years on the UNC faculty have been recognized during the current year by three highly significant distinctions. On May 27th Dr. Graham received the 1968 O. Max Gardner Award "for unique achievements in science and medicine beneficial to all humanity, for introduction of new dimensions in the training of scholars, and for personal qualities exemplified in [his] contributions to the life of the state." In making this award the UNC trustees recognized Dr. Graham's role in the first descriptions of medullary cystic disease of the kidney and of the hemorrhagic disease caused by a deficiency of a plasma clotting factor, the Stuart factor; his contributions at the university, state, and national levels to the field of human genetics; and his more recent role in the development of the Population Center at the University.

Taking advantage of Dr. Graham's continuing talents, the University and the School of Medicine have recently appointed him to two very important posts. Of the two newly created positions of associate dean of the School of Medicine, Dr. Graham will be Associate Dean of the Basic Sciences. In this capacity, he will oversee the activities of the six basic science departments of the School. Simultaneously, he was named Co-ordinator of the Interdepartmental Graduate Programs in Biology at the University. As such, he will be responsible for developing training programs for graduate students and teaching and research programs that span the traditional barriers of the various biological sciences, there already being six such programs within the medical and academic segments of UNC.

Paralleling Dr. Graham's designation as Associate Dean is the appointment of Dr. Christopher C. Fordham, III as Associate Dean of the Clinical Sciences.

Dr. Graham receives the O. Max Gardner Award from Governor Moore—President Friday looks on.

Christopher C. Fordham, M.D.

Dr. Fordham is a native North Carolinian who received his undergraduate and first two years of medical training at UNC, graduating from Harvard Medical School in 1951. He received his house-officer training at Georgetown University Hospital, Boston City Hospital and NCMH prior to two years service in the Air Force. Following one year of practice of internal medicine in Greensboro, he joined the faculty in 1958 as an instructor in medicine and was promoted to the rank of professor this year. Dr. Fordham has already notably served the office of the Dean of the School of Medicine from 1965 to 1968 as Assistant Dean for Student Affairs. In his new position he will supervise the activities of all of the clinical departments of the school.

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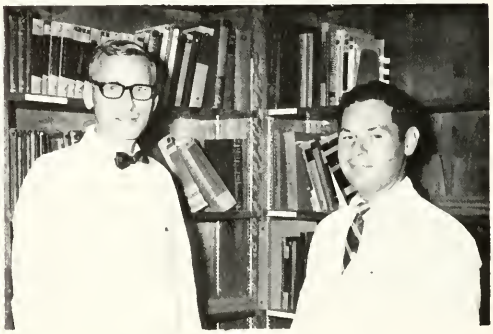
Two members of the Department of Medicine are recipients of the coveted Research Career Development Awards of the National Institutes of



Drs. Fallon and Pagano.

Health, namely DR. HAROLD J. FALLON and DR. JOSEPH F. PAGANO. Both men are New Yorkers and received their M.D. degrees from Yale University School of Medicine. They also are both associate professors of medicine, Dr. Fallon having joined the faculty at UNC in 1963 and Dr. Pagano in 1965. Dr. Fallon's research interests are primarily in the field of fat metabolism and liver disease, whereas those of Dr. Pagano are in the field of virology. The work of these two outstanding young scientists will be supported by the grant for a five-year period.

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DR. HAROLD R. ROBERTS (Pathology & Medicine) has been appointed Chief of the Division of Hematology in the Department of Medicine.

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Faculty promotions

To professor: DRS. CHRISTOPHER C. FORDHAM, III (*Medicine*), HARRY GOODER (*Bacteriology*), WILLIAM D. HUFFINES (*Pathology*), MARY E. JONES (*Biochemistry*), MARTIN H. KEELER (*Psychiatry*), RALPH PENNIALL (*Biochemistry*), ARTHUR J. PRANGE, JR. (*Psychiatry*), and T. FRANKLIN WILLIAMS (*Medicine*).

To associate professor: DRS. ROBERT G. FAUST (*Physiology*), JANET J. FISCHER (*Medicine*), ROBERT A. GOYER (*Pathology*), GLENN EDGAR HAIR (*Surgery*), GEOFFREY HAUGHTON (*Bacteriology*), WILLIAM B. HERRING, III (*Pediatrics*), CAMPBELL W. McMILLAN (*Pediatrics*), WILLIAM J. MURRAY (*Surgery*), JOSEPH S. PAGANO (*Medicine and Bacteriology*), ROBERT L. TIMMONS (*Surgery*), BENSON R. WILCOX (*Surgery*), FRANK C. WILSON, JR. (*Surgery*) and WILLIAM B. WOOD (*Medicine*).

To assistant professor: DRS. EDWARD F. DOEHNE, III (*Psychiatry*), LESLIE M. HALE (*Surgery*), MYRON B. LIPTZIN (*Psychiatry*), MARIA PEREZ-REYES (*Psychiatry*), CHARLES D. WALLACE (*Psychiatry*) and FRANCES K. WIDMANN (*Pathology*).

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Six members of the medical school faculty have been granted leaves of absence for study or research. DR. ARTHUR J. PRANGE (*Psychiatry*) is taking a year-long leave beginning July 1 to work in the National Research Council's Neuropsychiatry Laboratories in Epsom, England. DR. WILLIAM J. MURRAY (*Surgery*) went on leave in August for a year of study with the Department of Health, Education and Welfare. DR. JUDSON J. VAN WYK (*Pediatrics*) left for Sweden in August to pursue research at the Karolinska Institutet in Stockholm, Sweden. Beginning in September, DR. EDWARD GLASSMAN (*Biochemistry*) began doing research at Stanford University and DR. JOHN H. SCHWAB (*Bacteriology*) at the Canadian Red Cross Memorial Hospital in Taplow, England. DR. ROBERT R. HUNTLEY (*Medicine*) will be Director of Programming for the new National Center for Health Services Research and Development in Washington, D. C. during the next two years.

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DR. GORDON T. STEWART, Professor of pathology and epidemiology since 1965, has left the Hill to become Chairman of Epidemiology and Professor of Medicine at the schools of medicine and public health at Tulane University.

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DR. T. FRANK WILLIAMS (*Medicine, Prev. Medicine*) left UNC effective September 1st to become Professor of Medicine at the University of Rochester School of Medicine and medical director of the Monroe Community Hospital, a chronic disease hospital staffed by the University of Rochester medical faculty.

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The third week-long workshop and laboratory training program on planning and organizing a mental health center was held at Pisgah View Ranch in Candler during June. Sponsored by the N. C. Mental Health Inservice Education Steering Committee, the workshop was directed by DR. J. WILBERT EDGERTON, (*Psychiatry*). Other faculty members serving on the workshop staff were DRS. FRANCIS T. MILLER, HARRY L. DERR, JR., and WILLIAM G. HOLLISTER, all of the Community Psychiatry Division.

The Steering Committee included representatives from the UNC School of Medicine, School of Public Health, School of Social Work, and Extension Division; the State Board of Health, Department of Mental Health, Department of Public Welfare, and Department of Public Instruction; the Medical Society of the State of North Carolina; and the Duke University Department of Psychiatry.

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A Biochemistry seminar on "Interaction of Thyroid Hormones with Pyrophosphate" on June 4 featured Dr. Kenkichi Tomita from the Faculty of Pharmaceutical Sciences of the Kyoto University in Japan.

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DR. JOHN D. BAGDADE from the Veterans Administration Hospital in Seattle conducted a seminar on "Adult Diabetes—Too Much or Too Little Insulin?" on June 17. The Seminar was sponsored by the Department of Medicine.

Dr. Drummon H. Bowden, from the Department of Pathology of the University of Manitoba, lecturing on "Reaction of the Newborn Lung to Injury" at a pathology seminar held on June 6.

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DR. K. M. BRINKHOUS (*Pathology*) participated in the International Symposium on Metabolism and Membrane Permeability of Erythrocytes and Thrombocytes held in Vienna, Austria, on June 17-20. His presentation was entitled "Studies of Agglutinability of 'Aged' Human Platelets."

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DR. FLOYD W. DENNY, JR. (*Pediatrics*) was elected President of the Society for Pediatric Research at its annual meeting in Atlantic City.

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DR. JOHN T. SESSIONS, JR. (*Medicine*), DR. COLIN G. THOMAS, JR. (*Surgery*) and DR. ROBERT A. ROSS (*Ob. Gyn.*) participated in the 74th Convention of the Seaboard Medical Association held in Nags Head on June 20-23. Drs. Sessions and Thomas took part in the scientific sessions and presented papers on "New Aspects of G.I. Bleeding" and "Changing Concepts in Hyperparathyroidism" respectively. Dr. Ross was guest speaker at the President's Annual Banquet; he spoke on "The Importance of Regional [Medical] Societies Today."

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DR. JOHN J. PISANO was guest of the Physiology Department on June 24. Dr. Pisano, who is Director of NIH's Laboratory of Clinical Biochemistry, presented a seminar on "Highly Active Peptides of Nonmammalian Origin: Chemistry and Pharmacology."

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On June 1st DR. MORRIS L. LIPTON (*Psychiatry*) addressed the joint meetings of the postgraduate education program of the University of Southern California and the Arizona Psychiatry Society, held at Casa Grande, Arizona. Dr. Lipton also participated in the joint meetings held on June 28 at San Diego, Calif., as part of USC postgraduate program and with the cooperation of the Southern California Psychiatry Society. He spoke to both groups on "The Biology of Schizophrenia."

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DR. FRED W. ELLIS (*Pharmacology*) participated in the Sixth Annual Summer School of Alcohol Studies held in Chapel Hill during June. The purpose of the course was to offer interested persons an opportunity to gain insight into the nature of alcohol problems and a better understanding of the illness of alcoholism. Dr. Ellis's presentation was entitled "Alcohol: Agent of the Illness."

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DR. A. G. BEVIN (*Surgery*) has been awarded a research fellowship by the National Institute of General Medical Science, a unit of NIH. Dr. Bevin, a medical graduate of Yale University, served there as an instructor in surgery before coming to UNC to complete advance training in plastic surgery. His major research interest is wound healing and the study of kinetics of collagen metabolism.

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DR. JAMES W. WOODS (*Medicine*) returned to UNC in July after spending a year at Vanderbilt University doing research on the renin assay.

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The UNC-Duke Psychoanalytic Institute has been granted funds to continue its psychoanalytic training program. Twenty-three candidates are now in training, six of them in the advanced stages of the program DRS. MILTON L. MILLER and DAVID A. YOUNG (*Psychiatry*) are, respectively, Director and Secretary of the Institute; DR. BERNARD BRESSLER of Duke is Assistant Director.

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DR. JOHN R. KERNODLE (*Ob. Gyn.*) has been elected to the AMA Board of Trustees; he was Chairman of the Committee on Welfare Services of

the AMA Council on Medical Services until his elevation to the Board.

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DR. ROBERT A. GOYER (*Pathology*) was a discussant on the Bioenergetics Section of the First Patho-Biology Conference held in Saratoga Springs on July 31-August 4.

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DR. NEWTON FISCHER (*Surgery*) has been appointed to the AMA Advisory Committee for Otolaryngology.

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DRS. MORRIS A LIPTON AND FRANCIS J. KANE, JR. (*Psychiatry*) spent a week at the Department of Psychiatry of the Medical College of South Carolina in the capacity of visiting professors. Dr. Lipton stayed in Charleston during August 12-16 and Dr. Kane during the following week.

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DRS. PAUL L. MUNSON and LOUIS S. HARRIS (*Pharmacology*) and DR. JOHN W. ZEMP (*Center for Research in Pharmacology and Toxicology*) attended the meetings of the American Society for Pharmacology and Experimental Therapeutics held in Minneapolis on August 18-22. Dr. Harris presented a paper entitled "The Tail-Flick Test, Adrenergic Mechanisms" and Dr. Zemp spoke on "The Effects of Phenobarbital on the Turnover of Nuclear and Microsomal RNA in Mouse Liver."

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DRS. CARL W. GOTTSCHALK and WILLIAM E. LASSITER (*Medicine*) presented their findings on "Intra-renal Control Mechanisms of Salt and Water Resorption" to the 14th annual meeting of the International Congress of Physiological Sciences held in Washington, D. C. on August 26-30. Dr. Gottschalk delivered the presentation.

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The Chaplaincy Program at NCMH, under the direction of REV. FRED W. REID, had two summer interns this year: THOMAS MOORE and JON HUNT. The Program, which is now fully staffed, has a dual function: it provides a ministry to patients and their families as well as a training ground for ministers who desire to become hospital or institutional chaplains. The ministers receive their hospital training through clinical experiences on the patient floors and group sessions. Four denominations are represented at the present: Baptist, Episcopalian, Lutheran and Methodist.

Chaplain Reid leads discussion with (seated) Fant Steele, Thomas Moore, Eugene Sumner, Jon Hunt, Roy Ford, Todd Walter and H. A. Maddry.

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DRS. K. M. BRINKHOUS and W. P. WEBSTER (*Pathology*) spoke on "Non-Specific Therapy of Hemophilia" and "Dental Problems in Hemophilia," respectively, at the international symposium sponsored by the World Federation of Hemophilia as part of its 5th Congress held in Montreal, Canada, on August 23-28.

Several members of the department of *Pathology* participated in the Symposium on Recent Advances in Hemophilia and Hemophilioid Diseases held in New York on August 30 and sponsored by the National Hemophilia Foundation: K. M. BRINKHOUS, "Use of High Potency Factor VIII (AHF) Fractions" and closing remarks; G. D. PENICK and W. P. WEBSTER, "Organ Transplantation in Animal Hemophilia"; H. R. ROBERTS (also *Medicine*), "Fraction Therapy"; R. H. WAGNER, discussant, "Preparation of High Potency AHF with Polyethylene Glycol"; Webster was co-moderator of the section on "Von Willebrand's Disease; Factor XIII, and Fibrinogen."

The paper presented by Penick and Webster is the result of studies being carried out by them with P. HUTCHIN, E. E. PEACOCK, C. F. ZUKOSKI and E. O. TERINO from the department of *Surgery*. Students J. ALLCOTT ('71) and R. BARHAM (*Dentistry*) assisted in this research program during the summer months. Dr. Peacock will discuss these investigations at the annual meeting of the Halsted Society (Jackson, Wyo., September 4-7) and the 2nd International Congress of the Transplantation Society (New York, September 7-11).

Dr. Penick also spoke at the Symposium on Dynamics of Thrombus Formation and Dissolution held in Washington, D. C. on August 31. His topic was "Hypercoagulability."

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DR. ROGER M. HARDISTY (Hospital for Sick Children, London, England) speaking on platelet agglutination during his visit to the Department of Pathology.

The seventy-five members of the entering first-year class were selected from 930 applicants. (700 out of state, 230, N.C.). As a group, the new medical students have the highest academic average and Medical College Admission Test scores in the school's history. The Class of 1972 represents twenty different colleges and universities; the leading providers of students being UNC (32), Duke (11) and Davidson (10). One of every four of the new students is married. Four members of the class are women.

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Erratum

Riggins, H.M. Historical Review and Present Trends. (vol. 15, May 1968, p. 11): " . . . The Medical Department of Dartmouth, a two-year school, was established in 1798 . . . " should read ". . . in 1797 . . ."

NEW FACULTY APPOINTMENTS

Name	Rank	Department	Month
RUDOLF F. ALBERT, M.D.	*Instructor*	Bacteriology, Pathology	July
JEANNE MARJORIE ANDERSON, M.D.	*Instructor*	Surgery	July
LLOYD S. ANDERSON, M.D.	*Instructor*	Surgery	June
ANTHONY A. BARTHOLOMAY, Ph.D., S.D.	*Professor*	Pharmacology-Toxicology, Surgery (Sch. Pub. Hlth.)	July
ALBERT A. BECHTOLDT, JR., M.D.	*Instructor*	Surgery	August
WILLIAM P. BIGGERS, M.D.	*Instructor*	Surgery	August
EUGENE M. BOZYMSKI, M.D.	*Instructor*	Medicine	July
GEORGE R. BREESE, Ph.D.	*Assistant Professor*	Psychiatry	
	Instructor	Pharmacology	June
BENITO J. CERIMELE, Ph.D.*	*Assistant Professor*	Surgery	July
CHI BOM CHAE, Ph.D.	*Instructor*	Biochemistry	July
CARY W. COOPER, Ph.D.	*Instructor*	Pharmacology	July
LAWRENCE M. CUTCHIN, M.D.	*Instructor*	Medicine, Pediatrics	July
WILLIAM L. DEWEY, Ph.D.	*Instructor*	Pharmacology	July
MARSHALL HALL EDGELL, Ph.D.	*Assistant Professor*	Bacteriology	August
FAUSTINO C. GUINTO, M.D.	*Instructor*	Radiology	July
GERALD E. HANKS, M.D.	*Associate Professor*	Radiology	August
NANCY JEAN HART, B.S.	*Instructor*	Surgery (Sch. Nursing)	July
RICHARD ROBERT HENDERSON, M.D.	*Instructor*	Medicine	July
CHARLES H. HENDRICKS, M.D.	*Prof. & Chairman*	Obstetrics & Gynecology	June
WILLIAM P. HOOD, JR., M.D.	*Instructor*	Medicine	July
JAMES L. HOWARD, Ph.D.	*Assistant Professor*	Psychiatry	September
R. PAGE HUDSON, JR., M.D.*	*Associate Professor*	Pathology (N.C. State Bd. Hlth.)	August
BARBARA S. HULKA, M.D., M.P.H.*	*Assistant Professor*	Preventive Medicine (Sch. Pub. Hlth.)	September
CLYDE A. HUTCHISON, Ph.D.	*Assistant Professor*	Bacteriology	August
DENNIS KENNEDY, B.A.*	*Instructor*	Psychiatry	September
RICHARD A. KING, Ph.D.*	*Associate Professor*	Physiology (Dept. Psychology)	September
ROGER L. LUNDBLAD, Ph.D.*	*Assistant Professor*	(Sch. Dentistry) Pathology, Biochemistry	August
JAMES H. McCUTCHAN, M.D.	*Assistant Professor*	Medicine	July
AKIRA MATSUMOTO, D.S.	*Instructor*	Bacteriology	July
CHARLES C. MEHEGAN, M.D.	*Assistant Professor*	Medicine	July
SANDRA S. MILLS, B.S.*	*Instructor*	Pediatrics, Psychiatry	September
ROY PEACH, Ph.D.*	*Assistant Professor*	(Sch. Dentistry) Anatomy	September
ROLFFS S. PINKERTON, Ph.D.	*Assistant Professor*	Psychiatry	September
DAVID L. RANEY, B.A.	*Instructor*	Continuation Education	July
SHIRLEY SANDERS, Ph.D.	*Assistant Professor*	Psychiatry	September
ROBERT A. SHAW, M.D.	*Assistant Professor*	Preventive Medicine	
	Instructor	Medicine, Pediatrics	July
CECIL G. SHEPS, M.P.H.	*Professor*	Preventive Medicine	
	Director	Health Services Research Center	December
ROBERT SMITH, M.D.	*Associate Professor*	Preventive Medicine	
	Assistant Professor	Medicine	July
HOWARD D. STOWE, Ph.D., D.V.M.	*Assistant Professor*	Pathology	September
FRED D. SUMMERS, M.D.	*Instructor*	Obstetrics & Gynecology	July
GERALD R. TAYLOR, Ph.D.	*Instructor*	Bacteriology	September
EDWARD O. TERINO, M.D.	*Instructor*	Surgery	July
RICHARD F. WACHT, Ph.D.	*Assistant Professor*	Hospital Administration	
	Assistant Director	NCMH	July
WILLIAM P. WEBSTER, D.D.S.	*Assistant Professor*	(Sch. Dentistry) Pathology	August
HASAN I. ZEYA, Ph.D.	*Assistant Professor*	Bacteriology	July
CHARLES F. ZUKOSKI, M.D.	*Associate Professor*	Surgery	June

*Part time

Presenting the New Faculty

Dr. Hendricks

Dr. Hanks

Dr. Hudson

Dr. Wacht

DR. CHARLES H. HENDRICKS has been appointed Professor and Chairman of the Department of Obstetrics and Gynecology. Dr. Hendricks is a native of Traverse City, Michigan. He obtained his M.D. degree from the University of Michigan and was an intern and resident (1944-46) at the University Hospital in Ann Arbor. He served for two years in the Army (1946-48) and completed his residency at University Hospital in Columbus, Ohio (1948-49). He stayed at Ohio State University as an instructor and assistant professor until 1954 when he joined the faculty of Western Reserve University as an associate professor; he was promoted to professor in 1962. While at Western Reserve Dr. Hendricks was granted a Macy Fellowship and spent most of 1957 in the Sección de Fisiología Obstétrica at the University of Uruguay.

He has been a member of the Council (1960-63) and president (1967) of the Society for Gynecologic Investigation. He also presided over the Cleveland Society of Obstetrics and Gynecology (1965-66). Dr. Hendricks's main interest is the physiology of human reproduction.

DR. GERALD E. HANKS has been appointed Associate Professor in the Department of *Radiology;* he will become the first full-time director of the Division of Radiotherapy. A native of Ellensburg, Wash., he graduated with honors from both Washington State College and Washington University School of Medicine. Dr. Hanks comes to UNC after three years on the faculty of Stanford University. He has been a consultant in radiobiology at the U. S. Naval Radiological Defense Laboratory in San Francisco and at the Hazelton Nuclear Science Corp. in Palo Alto, as well as a consultant in radiotherapy at the VA Hospital in Palo Alto. Dr. Hanks will conduct research on the basic changes in cells brought about by radiation.

DR. R. PAGE HUDSON, JR. has joined the faculty as an associate professor of *Pathology;* beginning on September 1 he also became N. C. Medical Examiner (a position authorized by the 1967 General Assembly and of statewide authority). Headquarters of the State Medical Examiner is now established in Chapel Hill.

Dr. Hudson is from Richmond, Va., and a graduate of the University of Richmond and the Medical College of Virginia. He was an instructor at the Johns Hopkins University (1956-58), and at the State University of New York (1961-64), assistant professor (1964-67) and associate professor (1967-68) of Surgical Pathology at the Medical College of Virginia.

DR. RICHARD F. WACHT has come to Chapel Hill as Assistant Professor of Hospital Administration and Assistant Director of NCMH; in this latter position he is to act as Controller. Dr. Wacht, a native of Ambridge, Penn., received his undergraduate degree from Old Dominion College in Norfolk and his M.A. and Ph.D. degrees in Business Administration from UNC. Prior to joining our faculty he was Assistant Professor of Finance and Business Economics at Notre Dame University.

NORTH CAROLINA MEMORIAL HOSPITAL
1968-1969 HOUSE STAFF

Name	Medical School	Service	Title
Adams, Dolph O.	Med. Col. of Ga.	Pathology	4th yr. Resident
Adcock, David F.	Med. Col. of S. C.	Radiology	2nd yr. Resident
Albert, Rudolph F.	UNC	Pathology	4th yr. Resident
Allen, Joseph J.	UNC	Psychiatry	4th yr. Resident
Arnold, Phillip G.	UNC	Surgery	1st yr. Resident
Astarita, Robert W.	U. of Rochester	Pathology	2nd yr. Resident
Avery, Frank W.	UNC	Pathology	2nd yr. Resident
Bates, William	UNC	Ob. Gyn.	3rd Yr. Resident
Batjer, John D.	U. of Washington	Rotating	Intern
Beard, John N.	UNC	Pediatrics	2nd yr. Resident
Benjamin, John T.	Col. Phys. & Surg.	Pediatrics	2nd yr. Resident
Bensch, George W.	UNC	Pediatrics	Intern
Bisett, Thomas	U. of Rochester	Pediatrics	1st Yr. Resident
Border, Wayne Allen	Washington U.	Medicine	Intern
Bost, William S.	UNC	Otolaryngology	Chief Resident
Brackbill, Thomas	Col. Phys. & Surg.	Medicine	Intern
Braker, Martin J.	Upstate Med. Ctr. N. Y.	Medicine	2nd yr. Resident
Brand, Douglas L.	Col. Phys. & Surg.	Medicine	Intern
Brown, Wallace D.	U. of Rochester	Rotating	Intern
Burroughs, Paul	UNC	Orthopedics	2nd yr. Resident
Carter, Joey M.	UNC	Surgery	1st yr. Resident
Carty, James W.	U. of Maryland	Medicine	2nd yr. Resident
Cavenar, Jesse Oscar	U. of Arkansas	Psychiatry	1st yr. Resident
Cederbaum, Andrew I.	New York U.	Medicine	Intern
Childers, Jack C.	Col. Phys. & Surg.	Orthopedics	4th yr. Resident
Christian, Robert M.	Western Reserve	Pediatrics	1st yr. Resident
Clark, Daniel	UNC	Radiology	2nd yr. Resident
Coan, John D.	Med. Col. of Va.	Surgery	Intern
Cohn, Bruce	U. of California	Dermatology	3rd yr. Resident
Coley, Silas B., Jr.	UNC	Psychiatry	3rd yr. Resident
Colindres, Romulo	U. of El Salvador	Medicine	2nd yr. Resident
Cox, Stanley C.	U. of Colorado	Surgery	Intern
Crawford, John R.	Bowman Gray	Ophthalmology	1st yr. Resident
Crawford, Robert O.	Bowman Gray	Ophthalmology	3rd yr. Resident
Creighton, Robert K.	UNC	Ob. Gyn.	3rd yr. Resident
Crist, Takey	UNC	Ob. Gyn.	3rd yr. Resident
Croom, Robert W.	UNC	Surgery	3rd yr. Resident
Cutchin, Lawrence	UNC	Medicine	Chief Resident
Davidian, Vartan A.	UNC	Surgery	1st yr. Resident
Dawson, Peter	Western Reserve U.	Pediatrics	Intern
Deaton, Phillip Carl	UNC	Nuerosurgery	1st yr. Resident
DeConinck, Peter	State U. Gent (Belgium)	Surgery	Chief Resident
Digby, Thomas	Johns Hopkins U.	Pediatrics	2nd yr. Resident
Douglas, John S., Jr.	Washington U. (St. Louis)	Medicine	1st yr. Resident
Dunn, Thomas Patrick	Upstate Med. Ctr. N. Y.	Psychiatry	1st yr. Resident
Eadens, James E.	U. of Miami	Pathology	Intern
Eckbert, William F., Jr.	Emory U.	Psychiatry	3rd yr. Resident
Edens, Clarence Jan	Emory U.	Psychiatry	3rd yr. Resident
Edwards, James R.	UNC	Pathology	Chief Resident
Elias, Sharon	Stanford U.	Surgery	Intern
El-Yousef, Mohammad K.	American U. Beirut (Lebanon)	Psychiatry	1st yr. Resident
Fishburne, John I.	Med. Col. of S. C.	Ob. Gyn.	3rd yr. Resident
Fowler, Wesley C., Jr.	UNC	Ob. Gyn.	2nd yr. Resident
Gale, Mathew Kirby, Jr.	Col. Phys. & Surg.	Medicine	Intern
Gardner, Glenn David	U. Pittsburgh	Medicine	1st yr. Resident
Garrabrant, Edgar C.	UNC	Otolaryngology	1st yr. Resident
Gaskins, James A., Jr.	UNC	Surgery	2nd yr. Resident
Gibler, Sheridan	U. Texas Southwestern	Medicine	2nd yr. Resident
Goldstrich, Joseph	U. Texas Southwestern	Medicine	2nd yr. Resident
Graff, Kenneth Stephen	Ohio State U.	Medicine	Intern

Name	Medical School	Service	Title
Graupner, Kenneth D.	U. of Wisconsin	Pediatrics	Intern
Grice, Ormond D.	UNC	Surgery	1st yr. Resident
Griffin, Marion Wilson	UNC	Surgery	4th yr. Resident
Hamrick, Harvey J.	UNC	Pediatrics	1st yr. Resident
Harris, Donald	UNC	Dermatology	2nd yr. Resident
Hawkes, Dudley F.	New York U.	Orthopedics	2nd yr. Resident
Haworth, Chester	Duke U.	Surgery	2nd yr. Resident
Hattaway, Alexander C.	UNC	Otolaryngology	2nd yr. Resident
Hemingway, George	UNC	Pediatrics	1st yr. Resident
Henderson, Hoke, Jr.	UNC	Pathology	Intern
Herrero, Francisco A.	U. of Florida	Plastic Surgery	2nd yr. Resident
Hilberman, Mark	New York U.	Surgery	3rd yr. Resident
Hogan, Michael E.	Albany Med. Col.	Radiology	1st yr. Resident
Holt, Windsor A.	Western Reserve U.	Ob. Gyn.	4th yr. Resident
Howard, James S.	UNC	Surgery	Intern
Howell, Nelson	UNC	Otolaryngology	1st yr. Resident
Hubbard, William	UNC	Pediatrics	2nd yr. Resident
Huffaker, Robert Anderson	Bowman Gray	Psychiatry	1st yr. Resident
Huffman, Allen W.	UNC	Ob. Gyn.	1st yr. Resident
Hundley, James D.	UNC	Orthopedics	1st yr. Resident
Hurt, Joe P.	UNC	Pathology	4th yr. Resident
Jack, Bernard R.	UNC	Surgery	3rd yr. Resident
Jarman, William H.	UNC	Orthopedics	1st yr. Resident
Johnson, John J.	U. of Arkansas	Ophthalmology	3rd yr. Resident
Joines, Elizabeth	UNC	Psychiatry	2nd yr. Resident
Jones, Mack	Med. Col. of Ga.	Neurology	3rd yr. Resident
Jones, Thaddeus	U. of Virginia	Pathology	1st yr. Resident
Kagan, Kathleen S.	U. of New Mexico	Pathology	Intern
Kaufman, Sean	U. of Miami	Surgery	Intern
Kayye, Paul T.	U. of Miami	Psychiatry	2nd yr. Resident
Keiter, Robert	UNC	Psychiatry	1st yr. Resident
Kinlaw, William K.	UNC	Neurosurgery	2nd yr. Resident
Lane, Paul Jerald	U. of Missouri	Psychiatry	2nd yr. Resident
Laughlin, Robert A.	U. of Pittsburgh	Surgery	Intern
Leake, Arthur E.	UNC	Anesthesia	2nd yr. Resident
Lee, Lillian	U. of Philippines	Neurology	2nd yr. Resident
Lee, Robert E.	U. of Michigan	Surgery	Intern
Lefler, Hugh T.	UNC	Ob. Gyn.	1st yr. Resident
LeGrand, Gordon	UNC	Pathology	3rd yr. Resident
Lesesne, Henry R.	Vanderbilt U.	Medicine	1st yr. Resident
Littleton, Phillip	UNC	Pediatrics	1st yr. Resident
Lohr, Lloyd D.	UNC	Ob. Gyn.	3rd yr. Resident
McClane, Thomas K.	U. of Florida	Psychiatry	2nd yr. Resident
McDaniel, William J.	UNC	Orthopedics	1st yr. Resident
McLeod, Malcolm Noell	UNC	Psychiatry	2nd yr. Resident
McShane, Richard H.	New York U.	Surgery	Chief Resident
MacAnally, Barry	Yale U.	Medicine	1st yr. Resident
Macfie, Jefferys A.	UNC	Surgery	3rd yr. Resident
Mann, Carrol Lamb	UNC	Neurosurgery	Chief Resident
Meltzer, Morton	N. Y. Med. Col.	Psychiatry	2nd yr. Resident
Mettee, Thomas M.	U. of Rochester	Rotating	Intern
Monroe, William M.	UNC	Ophthalmology	2nd yr. Resident
Moore, Lawrence C.	Duke U.	Ophthalmology	2nd yr. Resident
Mooreside, Douglas E.	U. of Virginia	Pathology	2nd yr. Resident
Morgan, Jon R.	West Virginia U.	Dermatology	1st yr. Resident
Morris, Peter L.	UNC	Pathology	1st yr. Resident
Munro, Bruce Alan	Harvard U.	Medicine	Intern
Murphy, James	Yale U.	Radiology	1st yr. Resident
Nelson, William G.	U. of Colorado	Psychiatry	2nd yr. Resident
Norton, Jerry	UNC	Psychiatry	1st yr. Resident
Packman, Charles	Louisiana State U.	Medicine	1st yr. Resident
Paddison, George M.	UNC	Radiology	2nd yr. Resident
Park, Chan Hee	Severana (Korea)	Radiology	3rd yr. Resident
Parker, Earl W.	Bowman Gray	Ob. Gyn.	4th yr. Resident
Parker, James L.	UNC	Pathology	3rd yr. Resident
Patterson, Abram	U. of Virginia	Pediatrics	Intern
Patton, William Clayton	UNC	Orthopedics	4th yr. Resident
Pierson, George H.	Duke U.	Radiology	2nd yr. Resident

Name	Medical School	Service	Title
Poirier, Timothy Charles	Ohio State U. Col. Med.	Medicine	Intern
Pons, Roy Kenneth	UNC	Surgery	2nd yr. Resident
Portnoy, Barry A.	Emory U.	Medicine	2nd yr. Resident
Post, Charles, Jr.	Yale U.	Rotating	Intern
Price, Robert K.	UNC	Neurosurgery	1st yr. Resident
Raft, David	U. of Nebraska	Psychiatry	1st yr. Resident
Rand, Tom S.	UNC	Orthopedics	Chief Resident
Rankin, Larry	Western Reserve U.	Medicine	1st yr. Resident
Ratcliffe, Robert III	U. of Virginia	Psychiatry	3rd yr. Resident
Rather, Edwin	U. of Tennessee	Dermatology	1st yr. Resident
Rawls, William C.	UNC	Ob. Gyn.	2nd yr. Resident
Remark, Frederick L.	Ohio State U.	Plastic Surgery	1st yr. Resident
Restifo, Mary D.	Western Reserve U.	Medicine	1st yr. Resident
Rhodes, John F.	UNC	Urology	2nd yr. Resident
Roberson, William E.	UNC	Ob. Gyn.	2nd yr. Resident
Rogers, Ted N.	UNC	Surgery	1st yr. Resident
Saari, Thomas N.	Western Reserve U.	Pediatrics	Intern
Sabo, Alexander J.	West Virginia U.	Pathology	1st yr. Resident
Sauers, Harry L.	U. of Florida	Psychiatry	2nd yr. Resident
Sayers, William F.	UNC	Pediatrics	Chief Resident
Scarborough, Emerson	UNC	Pathology	3rd yr. Resident
Schneier, Harvey	Col. Phys. & Surg.	Medicine	1st yr. Resident
Schreiber, Alan	Albert Einstein Col. Med.	Medicine	1st yr. Resident
Schwesinger, Wayne	U. of Washington	Surgery	1st yr. Resident
Shaw, John C.	Washington U.	Surgery	1st yr. Resident
Sides, Evin H., III	UNC	Medicine	Chief Resident
Smith, Henry L.	U. of Pennsylvania	Pediatrics	2nd yr. Resident
Smith, Robert L.	U. of Virginia	Pathology	3rd yr. Resident
Smith, Samuel W.	U. of Pennsylvania	Medicine	2nd yr. Resident
Snow, Robert Michael	Col. Phys. & Surg.	Medicine	Intern
Southard, John K.	Boston U.	Dermatology	1st yr. Resident
Sowder, W. Thomas	U. of Florida	Psychiatry	3rd yr. Resident
Stall, Phillip, Jr.	Ohio State U.	Medicine	Intern
Tapper, Edward Jay	Ohio State U.	Medicine	Intern
Taylor, Harry L.	Med. Col. of Ga.	Pathology	2nd yr. Resident
Toma, George E.	Ohio State U.	Rotating	Intern
Traver, Raymond C., Jr.	State U. of New York	Surgery	Intern
Turner, Louis J.	U. of Virginia	Radiology	1st yr. Resident
Vance, Zebulon B.	UNC	Pathology	1st yr. Resident
Vaughan, Elizabeth Orene	U. of Florida	Rotating	Intern
Vuletin, Juan Carlos	Natl. U. of La Plata (Argentina)	Surgery	Intern
Wallace, Kelley, Jr.	UNC	Surgery	2nd yr. Resident
Walters, Paul A.	Bowman Gray	Anesthesiology	2nd yr. Resident
Weis, Richard C.	U. of Pittsburgh	Otolaryngology	2nd yr. Resident
Weiss, Edward Allen	U. of Nuevo Leon (Mexico)	Neurology	1st yr. Resident
Whybrow, Peter C.	U. Col. Hosp. (England)	Psychiatry	4th yr. Resident
Wicksman, Robert S.	State U. of New York	Radiology	2nd yr. Resident
Wille, Carl R.	U. of Rochester	Surgery	Intern
Williams, Roberta G.	UNC	Rotating	Intern
Woodruff, David Ephriam	Emory U.	Medicine	Intern
Woodruff, Kay H.	Emory U.	Rotating	Intern
Wooten, Robin	UNC	Psychiatry	2nd yr. Resident
Wray, Harvey L.	U. of Pennsylvania	Medicine	2nd yr. Resident
Wright, Elizabeth	U. of Kentucky	Medicine	1st yr. Resident
Zawadsky, Peter M.	Harvard U.	Rotating	Intern

Presenting the House Staff

DR. ROBERT K. CREIGHTON, Chief Resident in obstetrics and gynecology, is from Wilmington, N. C. where he spent his boyhood. He attended UNC and was awarded a B.A. degree in history in 1957 and the M.D. degree in 1961. He then spent a year in Augusta at the Medical College of Georgia as an intern in medicine.

Following his internship, Dr. Creighton entered the Air Force and was stationed in Japan for three years. Most of his medical experience there was in obstetrics and gynecology. He toured extensively in Asia, visiting all of the non-Communist countries of the region except South Korea.

This is Dr. Creighton's fourth year of residency; his future plans are presently indefinite.

He is married to the former Ruth Hanrihan of Boston, Mass., who is now a clinical nutritionist at NCMH. They have two sons—R. K., age 5, and Michael, age 3.

DR. PETER G. DeCONINCK, Chief Resident in surgery, is a native of Belgium. He was born near Gent and received his pre-medical and medical education at the State University of Gent. Dr. DeConinck was awarded his M.D. degree in 1960. The next few years were spent partly as a surgeon at the military hospital in Brussels and partly in Gent.

He came to the United States and began his residency in surgery at NCMH in 1965. In addition to his duties in the hospital, his experiences here include a six month rotation in the thoracic surgery laboratory and a course in radioisotope techniques at Oak Ridge, Tenn.

After completing his residency in July, Dr. DeConinck plans to spend additional time specializing in pediatric surgery. He will eventually return to Belgium with his wife, Brigitte, who is from his home town.

DR. J. RONALD EDWARDS, Chief Resident in pathology, is from Bakersville, N. C. He attended high school in his home town and then went to East Tennessee State University where he graduated in 1954 with a B.S. degree in biology and chemistry.

Dr. Edwards received his medical education at UNC. He was a member of the class of 1958, the fourth class to graduate from the four-year program. He then spent two years in a general practice program at the University of Michigan, where his time was equally divided between the University Hospital in Ann Arbor and Mercy Hospital in Benton Harbor, Mich.

For the next five years he and a classmate, Luther S. Nelson, operated a clinic in Ayden, N. C. where they were busy general practitioners. Dr. Edwards returned to Chapel Hill in 1965 to begin his residency in pathology and plans to enter the private practice of this speciality in North Carolina when he completes his residency in July 1969.

Dr. Edwards is noted for his enthusiasm for sports. He is married to the former Dolores Oliphant and has three children, Kelly, Jennifer and Vance.

Drs. DeConinck, Edwards and Creighton.

Continuation Education Courses

COURSES AT CHAPEL HILL

Rehabilitation of the Hand
For physicians, nurses, physical and occupational therapists and others concerned with hand rehabilitation.
September 9-13, 1968

Mental Health Centers Operations Training
Session I, September 16 through September 27, 1968
Session II, October 21 through November 1, 1968

Psychiatry for Physicians in Practice
Wednesday afternoon, October 16-December 11, 1968 and January 8-March 5, 1969.
Course I, 1:30 to 3:00 Review seminars
Course II, 3:00 to 4:30 Case Demonstrations and Discussions

Psychiatry and the Non-Psychiatrist Physician
The Trouble Adolescent
November 8-9, 1968

Twelfth Annual Symposium
The Management of Digestive Disturbances and Disorders
November 21-22, 1968

Disorders of the Blood Coagulation Mechanism
December 12, 1968

Ophthalmology Seminar
March 8, 1969

EXTENSION COURSES

These programs, sponsored jointly with local medical societies, consist of six weekly sessions. Format includes an afternoon presentation, dinner and an evening presentation.

Asheville, Tuesdays, September 17 to October 29, 1968 (except October 8). Library, Memorial Mission Hospital.

Morganton, Wednesdays, September 18 to October 30, 1968 (except October 9). Afternoons, Nurses Home, Grace Hospital; evenings, Rainbow Inn.

Edenton, Wednesdays, January 8 to February 12, 1969. Edenton Restaurant. Note: two sessions may be held elsewhere in the First District.

Kinston, Thursdays, January 9 to February 13, 1969. Place of meeting to be announced later.

Statesville, Tuesdays, February 25 to April 1, 1969. Holiday Inn.

Shelby, Wednesdays, February 26 to April 2, 1969. Charles Hotel.

TWO-WAY RADIO CONFERENCES—Tuesdays, 1 to 2 P.M. October 15-December 10, 1968 and January 7-April 15, 1969. FM Stations: WUNC Chapel Hill, 91.5 mc; WSJS, Winston-Salem, 104.1 mc; WGWR Asheboro, 92.3 mc; WVOT, Wilson, 106.1 mc; and WFMA, Rocky Mount, 100.7 mc.

PROGRAMS ON TELEVISION—Wednesdays 8 to 9 A.M. and Thursdays 10:30 to 11:30 P.M. October 16-17 to December 18-19, 1968 and January 8-9 to April 9-10, 1969. University Television: Channel 4, Chapel Hill; Channel 2, Columbia; Channel 17, Linville; Channel 33, Asheville; Channel 58, Concord.

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SUMMER '68

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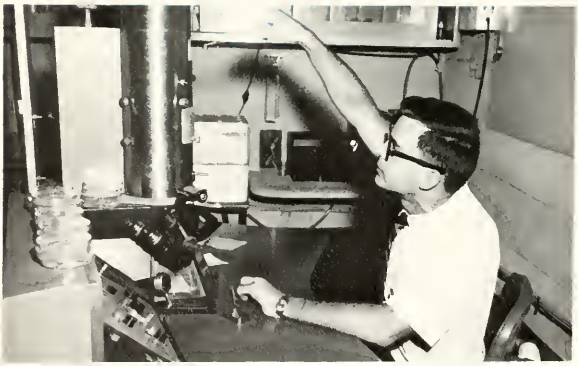

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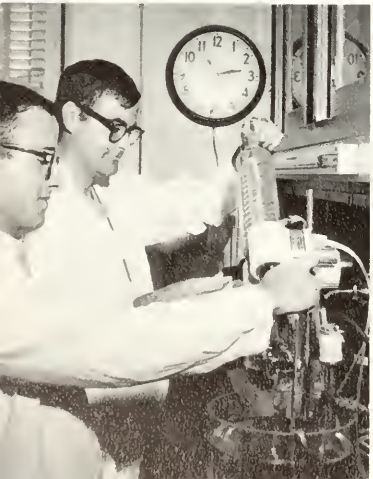

1 C. LANGLEY SMITH ('71)—experimenting on bromisom (Medicine)
2 JERRILL L. McENTIRE ('71)—clinical study of imipramine in blood (Psychiatry)
3 T. REED UNDERHILL ('70)—with Dr. Stephen Whittaker, chief consultant at Warwick Hospital (Warwick, England) where Reed did a six week externship
4 DAVID E. SHARP ('71)—platelet aggregation study with electron microscope (Pathology)
5 WILLIAM D. SASSER and MICHAEL B. KING ('71)—isolation of ceramide trihexoside from human kidney (Neurology-Biochemistry)

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6 JOHN V. ALLCOTT, III ('71) (center)—investigating the role of organ transplantation in hemophilia with Drs. Webster (Pathology) and Zukowski (Surgery)

7 CHARLES D. LEFLER ('70)—study of occupational stress and hypertension (Sch. Pub. Health)

8 NASSIF J. CANNON, JR. ('69)—while in the British Isles studying at the University of Edinburg (Scotland) visited DAVID S. SHEPS ('69) a summer clerk in the Department of Medicine at Guy's Hospital in London. Nass is shown in St. Reagent's Park (London)

9 E. JOSEPH WALTON, JR. ('70)—metabolic effects of alternate-day versus multiple-daily dosage of corticosteroids in patients on a constant diet (Medicine)

10 (From left): THEODORE H. KIESSELBACH ('69), HENRY M. MIDDLETON ('69), WILLIAM R. JORDAN ('69), MICHAEL R. KNOWLES ('71), GILBERT C. WHITE, II ('70), JOHN G. JOHNSTON ('69), H. WALLACE BAIRD ('69), and JOSEPH M. HARMON ('69), all in Pathology, exchange ideas on their respective research.

11 WILLIAM W. WEBB, Jr. ('71)—mode of action of Atromid (Medicine)

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SUMMER '68

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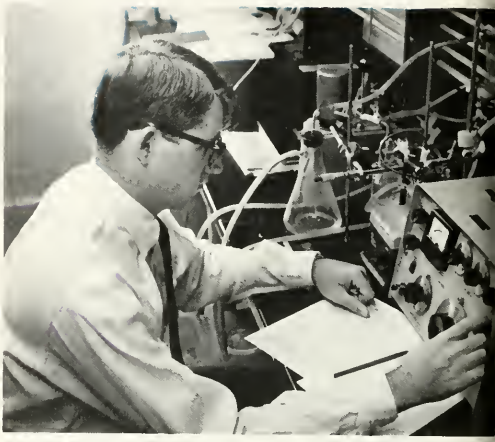

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12 C. CLEMENT LUCAS, JR. ('69)—in Red Square, Moscow, while traveling as SAMA President to set up exchange programs.

13 DON A. GABRIEL ('71)—thermodynamics of protein denaturation (Biochemistry)

14 JOHN O. REYNOLDS, JR. ('71)—amino acid analysis (Pathology)

15 PHILIP B. MAY ('70)—effect of lead on organelles of renal tubular lining cells (Pathology)

16 JOHN E. HANNA ('69)—vacationing in the San Francisco area

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17 JAMES B. SLOAN ('70)—experimental treatments for pseudomas infection of the eye (Ophthalmology)

18 JANIE J. SWITZER ('71)—the effect of octopamine on the uptake of norepinephrine by synaptic vesicles using radioactive isotopes (Biochemistry)

19 ROBERT B. JONES ('70)—effects of histones on enzyme repression and induction (Biochemistry)

20 FRANK B. GRAY ('69)—pediatrics clerkship

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21 H. CLIFFORD BAGGETT ('70)—study of sodium and potassium concentrations in erythrocytes (Surgery)

22 JOSEPH H. GOODMAN ('70) and L. MORRIS McEWEN, III ('71)—action of doxapram HCl on neural respiratory centers (Physiology)

23 EDWARD D. AYCOTH ('69)—at Yellowstone National Park

24 Q. ALEXANDER NEWBORN ('69)—studies on thyrocalcitonin (Pharmacology)

SUMMER '68

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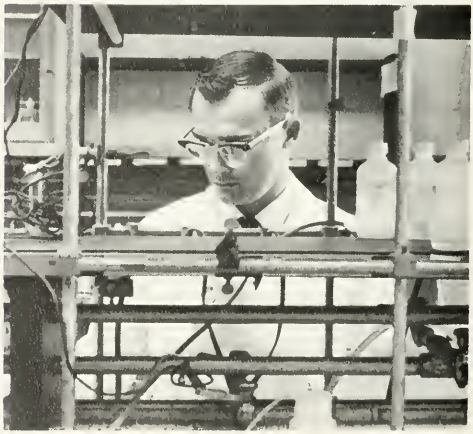

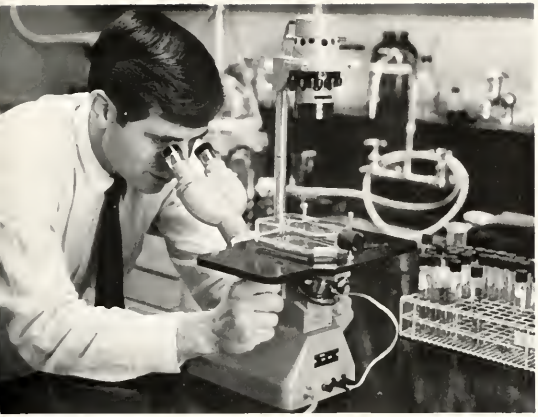

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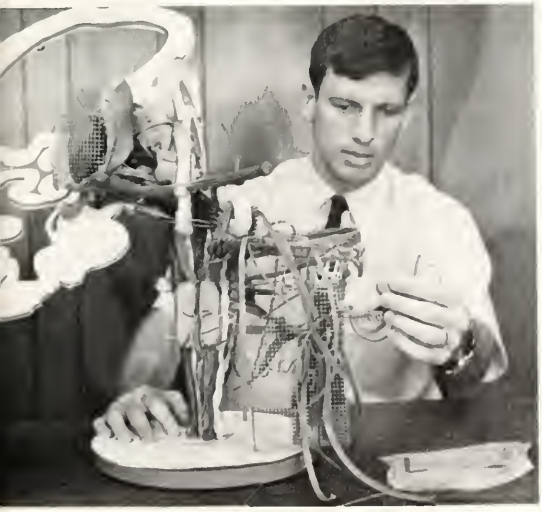

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25 STEPHEN L. GREEN ('70)—recovering infectious virus from virus-transformed cells (Bacteriology)

26 RICK I. SUBERMAN, E. LANCE WALKER and H. GREY WINFIELD, III ('70) discuss x-ray findings on their research projects with Dr. Bream (Radiology)

27 R. SAMUEL CROMARTIE ('69)—constructing a model of the human brain (Neurosurgery)

28 JAMES W. SNYDER ('69)—sites of action of narcotic analgesics

28

A Summer at Warwick Hospital

by

T. Reed Underhill, '70

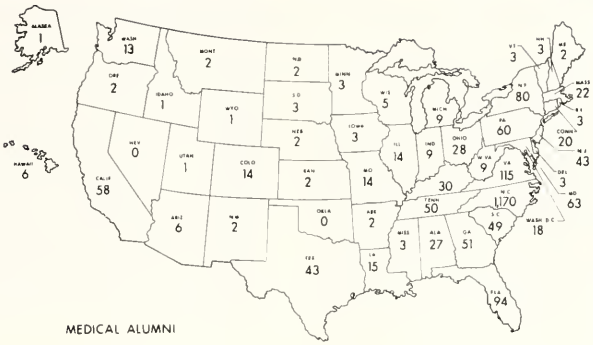
This past summer Tom Roberts ('70) and I spent six weeks in Warwick Hospital, Warwick, England. Warwick is a 300 bed hospital divided among surgery, pediatrics, and medicine. Within an eight mile radius there are four other hospitals to handle obstetrics and gynecology, heart diseases, and psychiatric problems. We were assigned to the medicine service where we admitted patients in rotation with the interns, attended three to four lectures a week, spent time in the out patient clinics and visited the four surrounding hospitals. We had only two mornings and afternoons entirely free during the week. We used these periods to assist in surgery or go to the pediatric wards. The evenings were spent primarily in *casualty* (the emergency room) where we were exposed to a wide variety of procedures.

While most of our time was spent in the hospital, we shared in much of the English life. We saw some plays at the Shakespeare's Theater in Stratford on the Avon, visited a number of homes and attended an English wedding. We found the people to be very warm and receptive. They live at a refreshingly slower pace.

Another advantage of our trip was the chance to see the British Health Service in operation. Over all, the people receive very good medical care. There are inconveniencies and the care is a little less personal, but most people would not want to see this service stop. The criticism we heard was about the large gap between the general practitioners and the hospital consultants. The general practitioners do not have any hospital beds for their own use so they have to refer all their patients for hospitalization. The hospital consultants only see those patients who are hospitalized or are in their special outpatient clinics. While this leads to a gap between the two groups of physicians, the problem has been recognized and steps are being taken to find a solution.

While we also were able to spend four wonderful weeks traveling with our wives through Europe at the end of the summer, we would have felt that the trip had been a most worthwhile experience even if we had come home after the 6 weeks at Warwick. A trip such as ours is one we feel all medical students should consider; it gives you a different exposure to what medicine is and means to the physicians and their patients in another country—a most rewarding part of one's education.

ALUMNI NEWS



MEDICAL ALUMNI

1916

Eight of the thirteen Tar Heel physicians named to membership in the Fifty Year Club of the N. C. Medical Society this year are UNC alumni: **Henry Lilly Cook, Jr.** (Jefferson '18), otolaryngologist in Greensboro; **Vonnie Monroe Hicks, Sr.** (Jefferson '18), ophthalmologist in Raleigh; **Daniel Lamont Knowles** (Penna. '18), general practitioner in Rocky Mount; **Benjamin Jones Lawrence, Sr.** (Jefferson '18), general surgeon, formerly of Raleigh and now in Paces, Va.; **Brodie Banks McDade** (Md. '18), obstetrician-gynecologist in Burlington; **Samuel Floyd Scott** (Penna. '18), general practitioner in Burlington; **Claiborne Thweat Smith, Sr.** (Penna., '18), internist in Rocky Mount; and **Leslie Ogburn Stone** (Jefferson '18), otolaryngologist in Rocky Mount.

1938

Ernest C. Richardson, Jr. (507 Pollock St., New Bern, N. C. 28560) completed 20 years of ob-gyn practice in New Bern in April. He was prevented from attending the thirtieth reunion of his class this year by the marriage of his son, Ernest III, to Miss Barbara Neal Smith on June 2.

Ernest is married to the former Miss Elsie Mae Moore of Altoona, Pa.

1941

George E. Gutmann (Pember Nuzum Clinic, Janesville, Wisc. 53545) has been practicing internal medicine in Janesville since 1948. He was board-certified in 1951 and became a fellow of the American College of Physicians in 1957. He was president of the Wisconsin Society of Internal Medicine in 1965 and is now chief of staff of Mercy Hospital in Janesville.

The Gutmanns have five daughters.

1943

Charles A. Speas Phillips (Northwestern '47) has recently been elected Chief of Surgery Staff at Moore Memorial Hospital in Pinehurst, North Carolina. Charlie is chairman of the Loyalty Fund Committee of the Alumni Association.

1944

Littleton J. Bunch (200 Creston Ave., Alamoso, Colo. 81101) is in general practice in a small Colorado mountain town (alt. 7,800, pop. 6,000). He is college physician and part-time lecturer at Adams State College, as well as a lieutenant colonel in the Colorado National Guard Hospital Unit.

Littleton and his wife have two boys and two girls, all teenagers now.

1946

Mary Louise Rutledge McGregor (211 Greenwich Rd., Charlotte, N. C. 28211) received her M.D. degree from Temple University in 1948, and was certified by the American Board of Pediatrics in 1955. She has been practicing pediatrics in Charlotte since 1951. In 1965 she and two other pediatricians formed a group known as **The Charlotte Youth Clinic** for the private practice of pediatrics.

Mary Lou married William McGregor in 1952, and they have two adopted children: William E., Jr. (Sandy), age 6, and Ann Rutledge, age 4½.

William E. Sheely (1231 Kingston Ave., Alexandria, Va. 22302) (Jefferson '48) is practicing radiology with five associates in Washington, D. C. and northern Virginia (Alexandria, Arlington, and Fairfax counties). He and his wife have three girls—17, 12, and 10 years of age.

1950

A. Jefferson Ellington, Jr. (1915 W. Lake Dr., Burlington, N. C. 27215) (Temple '52) has practiced obstetrics and gynecology in Burlington since 1956. In 1963 he was joined by his brother, Dr. R. N. Ellington.

He and his wife, Betty Anne, have a teen-age daughter and three boys who enjoy sports.

Charles F. Gilliam (19 Culbreth Ave., Thomasville, N. C. 27360) (Md. '52) did general practice in Thomasville from 1954 to 1967. He is now taking a residency in pediatrics at the Bowman Gray School of Medicine and plans to return to Thomasville in July, 1969, to practice this specialty.

William B. Harris (Md. '52) is currently in Las Vegas. (2121 W. Charleston, Las Vegas, Nevada 819101).

George Johnson, Jr. (410 Westwood Dr., Chapel Hill, N. C. 27514) (Cornell '52) is Associate Professor of Vascular Surgery at UNC. The Johnsons have four children: Hope, 17, Welt, 14, Dave, 11, and Bob, 7.

1951

Paul W. Boyles (205 Lenape Dr., Berwyn, Pa. 19312) (N.Y.U. '53) joined the medical staff of Wyeth Labs., Philadelphia, Pa. on April 1, 1968.

Charles D. Connor (45 W. Marshall Ave., Phoenix, Arizona 85013) (George Washington '53) is the pathologist at the Baptist Hospital of Phoenix, and also a partner with C. E. Strickland and F. S. Schoene in **Affiliated Pathologists**, a private laboratory.

1956

Lee A. Clark, Jr. (1713 Meadowbrook Lane, Wilson, N. C. 27893)

spent two years in the U. S. Air Force before taking a residency in ophthalmology at the University of Virginia. Since November, 1962, he has been engaged in the private practice of ophthalmology with the Wilson Clinic.

Lee married the former Harriette Lewis (UNC '57) in 1957 and they have three boys, ages 3, 5, and 8 years.

John T. Evans (Medical Towers, 1000 E. Third Street, Chattanooga, Tenn. 37403) has been practicing otolaryngology in Chattanooga since June, 1960. In 1967 he entered into partnership with another otolaryngologist. He is a diplomate of the American Board of Otolaryngology, a member of the American Academy of Ophthalmology and Otolaryngology, and a fellow of the American College of Surgeons.

John and his wife, Jeanne, have three daughters, ages 11, 9, and 7.

Marvin M. McCall III (Charlotte Memorial Hospital, Box 2554, Charlotte, N. C. 28201) served a medical internship at Grady Memorial Hospital in Atlanta before spending two years on active duty with the 82nd Airborne Division at Fort Bragg. In 1959 he returned to Grady Memorial Hospital for residency training, his final year being spent as chief resident and cardiology resident. In 1963

he joined the Charlotte Medical Clinic, where he practiced internal medicine for five years. He now is associate chairman of the Department of Internal Medicine and chief of cardiology at Charlotte Memorial Hospital. His primary responsibilities are in connection with the teaching program for the medical house staff and with medical residency training. He was certified by the Board of Internal Medicine in 1963 and is a fellow of the American College of Physicians.

Marvin is married to the former Beverly Bryant; they have two children: Erin, 13, and Melanie, 6.

Robert L. Murray (2604 Nottingham Rd., S.E., Roanoke, Va. 24014) has been practicing radiology in Roanoke since 1962, in association with eight other radiologists. He is now collaborating in writing a handbook for technologists in nuclear medicine, under a contract grant from the Department of Health, Education, and Welfare.

1959

Martha Kornegay Sharpless (612 Simpson St., Greensboro, N. C. 27401) took her internship and one year of residency training at NC Memorial Hospital. She then spent five years at Babies Hospital, Columbia-Presbyterian Medical Center in New York City, where she was chief resident for one year and attending pediatrician and research associate for another year. She and her husband Ted ('61) came to Greensboro in 1966. After spending a year in private practice, she joined the staff of Moses Cone Hospital as attending physician in pediatrics.

Martha and Ted have four children: Liza, 6; Alice, 4; Kelly, 2½; and Neal, 1½.

1960

Arvid C. Sieber (Seth Low Mountain Rd., Ridegfield, Conn.) has recently been appointed director of the Manhattan medical department of Olin Mathieson Chemical Corporation. Before joining Olin in 1966 as a

corporate staff physician, Arvid was in private medical practice in Hendersonville, N. C., where he located following a tour of duty in the U. S. Air Force.

Arvid and his wife, the former Helen Curtis of Yonkers, N. Y., have four sons.

1961

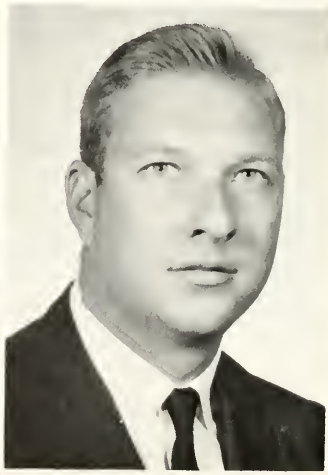
Charles O. Boyette (313 Waterfront St., Belhaven, N. C. 27810) interned at the U. S. Naval Hospital in Charleston, S. C., and spent six months at the Navy School of Aviation Medicine in Pensacola, Fla., before serving for a year and a half as station M.D. for the Marine Corps Air Force Base at New River, Jacksonville, N. C. Since December, 1964, he has been in general practice in Belhaven. He has served as secretary of the Pamlico-Albemarle Counties Medical Society, as president of the Belhaven Community Chamber of Commerce, and as secretary of the Belhaven Planning Board. He is a director of the Belhaven Memorial Museum and a member of the Belhaven City Council, Trinity Methodist Church, the UNC Wrestling Committee, and the American Association of General Practice.

Charlie and his wife, Alleyne, have two children: Marie (6) and Chuck (4). His hobbies are gardening and water sports.

William Mynell Clarke (Sandhills Pediatric Center, Town Center Building, Southern Pines, N. C. 28387) entered the Air Force in July, 1964, after completing a year as chief resident on the pediatric service at NCMH. He spent two years at Tinker Air Force Base in Oklahoma City, where he served as chief of the pediatric service. In August, 1966, he opened an office for the practice of general pediatrics, in partnership with H. David Bruton, ('61).

Bill is married to the former Dorcas Gaines of Fayetteville and they have two sons: Jamie, age 12, and Lee, age 9.

Francis Michael Fennegan (2908 Greentop Ct., St. Louis, Mo. 63119)



took three years of postgraduate training in general surgery at the University of Arkansas Medical Center in Little Rock, followed by a four-year residency in neurosurgery at Barnes Hospital, Washington University, St. Louis, Missouri. Upon completion of his training in June, he plans to enter the private practice of neurosurgery in Harlingen, Texas.

Mike married the former Nancy Davis, and they have two children: Michael, 4½, and Sydney Ann, 2.

John W. Garden (100 York St., 9M, New Haven, Conn. 06511) served a year's internship at N.Y.U.-Bellevue Hospital before joining the Navy. During his three years in the Navy, he served in San Diego, California, and with the U. S. Naval Field Medical Research Laboratory at Camp LeJeune. He is now completing a three-year ophthalmology residency at Yale University as a USPHS trainee. He plans to practice ophthalmology in Lexington, Kentucky, where he has an appointment as instructor in surgery (ophthalmology) at the University of Kentucky School of Medicine.

John is married to the former Ann Holswade and they have a baby daughter, Caroline Coleman. His hobbies are horses and golf.

Donald P. Harris (106 Boland Cr., Charleston Heights, S. C. 29405) has been engaged in family practice for the past five years. He recently moved to Charleston from Summerville, South Carolina. He says that he has found general practice quite rewarding and sorely needed.

Don and his wife, Margie, have three children: Jonathan (10), Lynn (7), and Esther (2).

Richard Woodard Hudson (Bayboro, N. C. 28515) took a rotating internship and a one-year mixed residency at the Medical College of South Carolina before locating in Bayboro for the general practice of medicine in 1963. He is now looking for an associate.

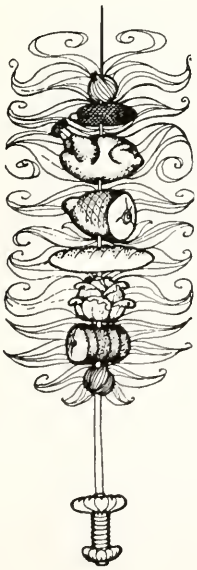
Dick and his wife, Jeannette, have three children. His hobbies are hunting, fishing, and golf.

1963

W. Paul Biggers (N. C. Memorial Hospital, Chapel Hill, N. C. 27514) joined the ENT staff at Memorial Hospital in July, 1968. Paul and his wife, Joyce, have three children: Michelle (7), Bill (4), and Joy (2).

1967

Walter R. Sabiston was chosen by the Medical College of Alabama seniors as the "Best Teaching Intern for 1968." Walter, a native of Kinston, N. C., is completing a straight surgery internship at the University of Alabama Hospitals and Clinics.



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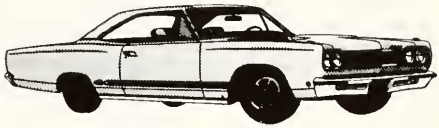

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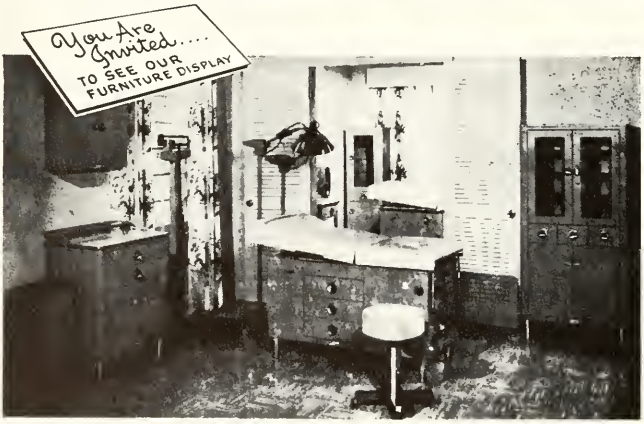

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